

MARY HILL FULSTONE, M.D.: RECOLLECTIONS OF A COUNTRY DOCTOR IN SMITH, NEVADA

Interviewee: Mary Hill Fulstone

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Description

Mary Hill Fulstone is a native of Nevada born in 1892 and is the longest-practicing physician in the state. From her childhood years in Eureka and Carson City to the completion of her studies to be a physician at the University of California Medical School in Berkeley in 1917, she enjoyed the life of Nevada's little towns, and prepared herself to reside in one of the smallest in the state. Having married Fred Fulstone of Smith Valley shortly before her graduation, she moved there to open her practice.

"Dr. Mary" became the consummate rural physician—delivering babies, patching up accident victims, watching over children's diseases, ministering to the local Indians, and assisting doctors who came from metropolitan areas to do surgery. She remained in Smith Valley for her entire career, helping with the ranch, rearing a family, and becoming locally and nationally famous for her feats. Dr. Mary also gained the respect of colleagues and other citizens all over Nevada, and was recognized as a pioneer in her profession. Part of a hospital that she helped to organize bears her name as a mark of this regard.

This oral history contains Dr. Fulstone's recollections of life in Eureka and Carson City, a recounting of her work and training at the University of California, accounts of a broad range of public service (she was elected to the local school board and to the State Board of Education), reminiscences about other health professionals, and descriptions of more than fifty years of doctoring the citizens of western Nevada. She displays an enthusiasm for medicine and science, and a positive attitude that often seems lacking in younger physicians.

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An Oral History Conducted by Mary Ellen Glass

University of Nevada Oral History Program

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PREFACE TO THE DIGITAL EDITION

Established in 1964, the University of Nevada Oral History Program (UNOHP) explores the remembered past through rigorous oral history interviewing, creating a record for present and future researchers. The program's collection of primary source oral histories is an important body of information about significant events, people, places, and activities in twentieth and twenty-first century Nevada and the West.

The UNOHP wishes to make the information in its oral histories accessible to a broad range of patrons. To achieve this goal, its transcripts must speak with an intelligible voice. However, no type font contains symbols for physical gestures and vocal modulations which are integral parts of verbal communication. When human speech is represented in print, stripped of these signals, the result can be a morass of seemingly tangled syntax and incomplete sentences—totally verbatim transcripts sometimes verge on incoherence. Therefore, this transcript has been lightly edited.

While taking great pains not to alter meaning in any way, the editor may have removed false starts, redundancies, and the “uhs,” “ahs,” and other noises with which speech is often liberally sprinkled; compressed some passages which, in unaltered form, misrepresent the chronicler's meaning; and relocated some material to place information in its intended context. Laughter is represented with [laughter] at the end of a sentence in which it occurs, and ellipses are used to indicate that a statement has been interrupted or is incomplete...or that there is a pause for dramatic effect.

As with all of our oral histories, while we can vouch for the authenticity of the interviews in the UNOHP collection, we advise readers to keep in mind that these are remembered pasts, and we do not claim that the recollections are entirely free of error. We can state, however, that the transcripts accurately reflect the oral history recordings on which they were based. Accordingly, each transcript should be approached with the

same prudence that the intelligent reader exercises when consulting government records, newspaper accounts, diaries, and other sources of historical information. All statements made here constitute the remembrance or opinions of the individuals who were interviewed, and not the opinions of the UNOHP.

In order to standardize the design of all UNOHP transcripts for the online database, most have been reformatted, a process that was completed in 2012. This document may therefore differ in appearance and pagination from earlier printed versions. Rather than compile entirely new indexes for each volume, the UNOHP has made each transcript fully searchable electronically. If a previous version of this volume existed, its original index has been appended to this document for reference only. A link to the entire catalog can be found online at <http://oralhistory.unr.edu/>.

For more information on the UNOHP or any of its publications, please contact the University of Nevada Oral History Program at Mail Stop 0324, University of Nevada, Reno, NV, 89557-0324 or by calling 775/784-6932.

Alicia Barber
Director, UNOHP
July 2012

INTRODUCTION

Mary Hill Fulstone is a native of Nevada, the longest practicing physician in the state. From her childhood years in Eureka and Carson City to the completion of her studies to be a physician at the University of California Medical School in Berkeley in 1917, she enjoyed the life of the state's little towns, and prepared herself to reside in one of the smallest. Having married Fred Fulstone of Smith Valley shortly before her graduation, she moved to that western Nevada community to open her practice.

"Dr. Mary" became the consummate rural physician— delivering babies, patching up accident victims, watching over children's diseases, ministering to the local Indians, assisting doctors who came from metropolitan areas to do surgery. She remained in Smith Valley for her entire career, helping with the ranch, rearing a family, and becoming locally and nationally famous for her feats. Dr. Mary also gained the respect of colleagues and other citizens all over Nevada, recognized as a pioneer in her profession. Part of a hospital

that she helped to organize bears her name as a mark of this regard.

When invited to participate in the Oral History Project, Dr. Mary Fulstone accepted readily, with caveats about her still-busy practice being the most important part of her days. She was a willing and gracious chronicler of her activities through five taping sessions, from July, 1973 to February, 1974, all held at her home in Smith Valley— while patients came and went, while she counseled others on the telephone and was otherwise a busy professional. She would have it no other way, despite the fact that these were her "days off." Dr. Fulstone's review of the transcript of her oral history resulted in only a few changes in wording and the addition of some names; it thus faithfully reflects her conversational style.

The oral history recorded by Dr. Mary Fulstone contains her recollections of life in Eureka and Carson City, a recounting of her work and training at the University of California, accounts of a broad range of

public service (she was elected both to the local school board and to the State Board of Education), reminiscences about other health professionals, and descriptions of more than fifty years of doctoring the citizens of western Nevada. The text displays an enthusiasm for medicine and science, and a positive attitude that often seems lacking in younger physicians. Dr. Mary's patients would recognize their doctor in her oral history.

The Oral History Project of the university of Nevada, Reno, Library preserves the past and the present for future research by tape recording the reminiscences of persons who have been important to the development of Nevada and the West. Scripts resulting from the interviews are deposited in the Special Collections Departments of the University Libraries at Reno and Las Vegas. Mary N. Fulstone has generously assigned her literary rights in her oral history to the University of Nevada, Reno, and has designated her memoir as open for research.

Mary Ellen Glass
University of Nevada-Reno
1980

FORMATIVE YEARS

CHILDHOOD

My father was John Nelson Hill who was born at Napanee, Ontario, Canada, and arrived in Eureka [Nevada] in January of 1870. Two older brothers, James and Harry Hill, preceded him in coming to the United States during the boom days of Virginia City and other famous Nevada mining camps. James Hill was a carpenter and he built the mill at Unionville, Pershing County's more famous camp of the seventies, and at present, one of Nevada's most popular ghost towns.

Neighbors to the Hills on a farm near Napanee was the Henry family. Two brothers and two sisters also came west about the same time as my father, drawn by the lure of the silver camps. The girls married and lived here. Maggie Henry became the wife of Reno's very early prominent businessman, Charles Gulling.

My father came to Eureka in 1870 and received his citizenship in 1874. He became a station manager of the Eureka-Palisade railroad, and resident manager of the Wells

Fargo Company. Then a young teacher named Ella Riley alighted at the Eureka platform and the first man that she saw was John Nelson Hill. She afterwards became his wife. She was born in Watertown, Wisconsin and was sent out here by her family to the San Jose State Normal School, where she gained her teacher's experience and got her teacher's certificate. She did some teaching in Eureka after they were married which was an unusual thing at that time, you know.

We lived in Eureka, I remember, on the top of a hill, called Nob Hill. There were three houses on the top of this hill and those same three houses are still in existence. The Kinds lived on one side and the Karskes on the other side. I don't remember too much about Eureka; I was only four years old when we left. I can remember playing in our backyard and with our little dog Blackie, and playing with the children, the Kind children were about my age. And we used to play, not so much in each other's yards, as there was a big hole in the fence when we played; we talked a lot through that. That's about what I remember

about Eureka. remember you went down this hill and then into the main street where the stores were. It was a very busy little place in those days. Then in 1898, when I was four years old, we moved to Carson.

[My father was] what we would call a public accountant nowadays. He took care of Mr. [Reinhold] Sadler's books and looked after his big mercantile store and his ranching interests. When we moved to Carson he was made—appointed by Mr. Sadler as commissary of the state prison. When he went down there to look around—they had never had any sets of books at the prison. I remember that it was quite a thing that my father put in the first set of books there. The Sadlers lived in—I remember the whole family very well. They lived there and we visited with them a great deal. We went to their house and they came to our house. I remember one of the Sadler girls died when she had a baby, and as I look back, I think she must have had an embolism of some sort.

Then a few years after we moved to Carson, why, my father and a Mr. Weber became partners and leased the Arlington Hotel in Carson. We lived there for about four years. At that time, it was quite a place to live. Well, there was a big porch outside the Arlington Hotel where we used to play as children a good deal. One of our main things was to put little sticks in the bottles to keep the devils away. In every window on that little porch was a little bottle with a stick in it, so that that room was particularly protected. I don't know how they ever didn't discover us doing this, but we did it.

But we have lots of friends and this little Elsie Farrar [Chichester] lived near me and we played a good deal together. And we had this cook at the hotel named Louie [a Chinese] and he was very fond of us little children. He had everybody else scared out except us, but

we could always dash down there and he'd feed us, give us something. I remember he used to hide bananas behind the shutters, you know the dining room—an old-fashioned dining room had these inside shutters, and he used to hide things there and we could always, before the guests came, run through and find out what he'd hidden for us. But he was quite a well-known character for wielding the knife at anyone that disagreed with him. He did just once too often wield the knife, and this "Nigger Blue," they called him, came and murdered him. Just killed him! But I think, as Elsie [Chichester] says, nothing was done much about this "Nigger Blue."

In those days, of course, when we were little, there were no autos and there were no picture shows, nothing to entertain us. Yet, we were always entertained. We were happy youngsters there. No one had to fix up a youth center for us or anything like that. We had our own fun. We were brought up very, very strict. The school ruled us, our parents ruled us, and the church ruled us! One thing we were allowed to do—on a Saturday we could go to the library. So we always went to the library and, of course, piled up books as high as we could pile them on our arms to carry them home, to entertain us for the next week. And I remember in our house we had transoms over the door and we used to put a blanket over that at night, my sister and I, so we could read as late as we wanted without our family knowing it.

In Carson, in those days, they had a band concert every Saturday night in the capitol [grounds]—All the adults sat around and listened to the music, and we kids just had a wonderful, wonderful time playing hide-and-seek all around on the capitol grounds. So those capitol grounds really means something to us older ones of all the fun that we've had there.

Oh, when I was living at the hotel some interesting people came there by the name of Butler. Mr. [Jim] Butler was one of the co-discoverers, you know, of Goldfield and Tonopah. Mrs. Butler was a lovely person; she liked children, so we spent a great deal of time with her—I did. And I used to go shopping with her. I remember this little incident; we went down to—there was a Gray Reid and Wright's store in Carson on the corner of the Arlington Hotel there. We went in and she was looking at little beaded purses, it was when they first began, those lovely beaded purses that they have lots of now. And oh, she saw one that was just beautiful and she liked it so well. It was twenty-five dollars. Well, that just seemed like a fortune to everybody. She said, "No, I guess I can't get it." So then we walked home and we went upstairs and we went in her room and she said, "You know, I think I'll go back and get that purse." She said, "You know, I can afford it because we're rich now." It just came to her that she could have it, whatever she wanted.

I remember my father; he was a very genial fellow— I don't want to say genial fellow, either. But he was very fond of children, and all the little children in Carson always used to—when they'd go by the Arlington Hotel, he was always in the office, and there was a little glass window; they'd always go in, rap on the windows and say, "Hoo, Mr. Hill!" [waves hand] They were very fond of him. I have a son, David, that's the same way now. All the kids know him and think the world of him.

We were very poor, that is, we had very little in a financial way. But nobody else had anything much, except after Goldfield was discovered; the [Cal] Broughers came to Carson. Of course, they were quite wealthy.

There was Nellie Brougher and Irene Brougher. We'd go to the merry-go-round and we'd all—maybe occasionally we'd have

ten cents, but most of the time we just had a nickel—hang on to that nickel and watch the thing go round. Then, when just the right people got on, our friends, we'd all get on together. So, the Brougher children always had twenty-five or fifty cents, but they were very generous children. They never took more for themselves than what the other children had, and they always gave other children rides. I can remember that so well about them. And I think Nellie Brougher is still alive, I don't know. But they were really very generous that way, looked after everybody that didn't have much. And they never took a lot of rides when all of us weren't having rides, you know.

We made all of our Christmas presents, you know. We framed pictures and did all sorts of things like that when we were children. We never had any money to spend on buying Christmas presents. Christmas was quite a time, quite a time for us, but we made all these presents which we exchanged with one another. And I remember the church always had the big Christmas tree, and we always got a beautiful book at that time.

EDUCATION IN CARSON CITY

I started out to school in Carson City, and at that time there were several little schools in Carson. There was the North Ward school on Carson Street and South Ward school on the Prison Road, about a block east of Carson Street. And then there was Central school, the largest of three, on the corner of Minnesota and Telegraph. My home was not far from North Ward so that's where I went. I distinctly—of all the things, I don't remember the building or what it was like or anything, but I remember my teacher who was Miss Theresa Smith. She was very beautiful to us. We thought she was the most beautiful person in the world. We used to run every noon,

every morning to try and walk to school with her and hold her hand. She had a little lovely apron that she wore at school to save her black skirt from being hurt by the chalk and things. She used to take it off every night and fold it up carefully and put it on the back of the chair. She taught in the North Ward school, where we went to school.

There was Miss [Mary] Foley, one of the old-timers, and Miss [Alice E.] Bryant who used to teach us. And when we were little, in those days, we used to go down to the legislature when they came, the class did. I remember Miss Bryant's class. We used to go down and perform before the legislators. Imagine such a thing! I was all scared to death. We had to add columns; that was her specialty, arithmetic. Miss Bryant was kind of a fascinating person. She was very much stricter than Miss Foley. I know that. But we always felt she was a very, very good teacher.

Then, we went on, I guess, just as all normal children do until we entered high school. That was really the most wonderful time to me. We had a grand high school. Mr. W [William] J. Hunting was the principal and E. Otis Vaughn was the vice principal, and they were wonderful people. Then we have Sybil Howe and Helen Chartz, who really put a lasting influence on your life anyway. And we played basketball in those days, way back in 1909 and 1910, and we practiced outdoors. Mr. Hunting, our principal, was our coach, and we were on the—one year had the state championship for girls' basketball. And we took trips about to Goldfield and Tonopah [showing photo], and we went all night on the train, both teams. You can imagine how much sleep we got, but anyway we played down there. And here's the team, I think this is the team that won the state championship. This is me over here [shows photo]. We wore

long stockings and big heavy pleated flannel bloomers and middies [blouses]. We played in those. We did play in the old opera house sometimes in Carson at night, but of course a lot of our games were outdoors, so it wasn't quite so bad. But anyway, this is actually the way we were dressed to play our games, and you can imagine how we came out, good and hot and sweaty. I think we had no showers in those days [laughs]. So, I guess we smelled to high heaven, I don't know. Well, that was really our main thing when we were in high school, were these basketball games. They were wonderfully exciting times for us.

We couldn't dance at our school at all because Mr. Hunting didn't believe in dancing. I think he was from Nebraska and he didn't believe in school dances. So, if we went to a dance, we had to go to the public dances which were there every Saturday night. And we did go there quite a little bit and we had to leave at the stroke of twelve. If we stayed a minute over, why, our pastor of our church found it out, and that was just too bad for us, as well as our folks finding it out. Then we used to give a dance occasionally or a party. We would make candy and sell it to get the necessary money to pay rent for the hail. And I remember this Mr. [Jonathan] Saffel who used to fix bicycles; he was sort of a mechanic, he fixed bicycles there, and he owned this Armory Hall. We used to go and rent it from him. I think he used to want to charge ten dollars for the night and we used to beg him to make it seven dollars. I remember once we all said, "Well, supposin' we just died; would you be sorry that you [laughing] charged us ten dollars instead of seven dollars."

Well, we formed a walking club, and for weeks ahead of time we'd get up and walk every morning around six o'clock and walk maybe up or down the railroad tracks. That

was the place you walked in Carson. Then we'd come home, I remember, and take a cold shower or a cold bath. Showers were kind of unknown, almost, in those days. This prepared us for going to Lake Tahoe to camp. There were nine of us that were going to go on this first camping trip, and we were to walk to the Lake, because we had no other transportation. But we camped on up near Glenbrook on the Yerington property. Mrs. [H. M.] Yerington in Carson was the only person that had an automobile, and she used to take us to the foot of the grade. Then we'd all get out and walk up to Glenbrook. And for the first night we arrived there— my father who was in the hotel business was very friendly with the manager of the Glenbrook Inn. So they arranged that we would have a room where we could sleep and rest for a few hours. So when we arrived that's what we did.

Then we went about two miles beyond Glenbrook on this property and set up our camping outfit, and the families sent us up food every day by stage. Each mother sent her prize cooking offering. And we camped there. We had three chaperones for the three weeks that we were there. The first one was [Amy Howe Yerington], and she stayed a week. Then Florence Burlingame's mother came and stayed a week.

Every day we went in swimming, but we had no swimsuits. We had to choose our oldest dress as a swimsuit—folks had never thought that we needed a swimsuit. So we would choose one of our oldest dresses to go in swimming. This friend of ours, Elsie Chichester, owned a divided skirt because she rode horseback a little in Carson. So she had the divided skirt and that was really the prize suit. But one day when she was washing it out it floated out into the lake and it was a great loss.

And then the hotel people were very nice. They always invited us to come in to their dance in the evening and everything. So we just started out with a small suitcase, you know, just our very oldest clothes. When we went into the hotel and meeting people we decided that we had to dress up more. So, by the time we left (we had been there three weeks, I think), we had all of our clothes and slippers and stockin's and everything right there.

We had five dollars apiece to sort of see us through this little trip, and we had to buy incidental foods and things like that. And then we spent the big sum of money on the trip around the lake. We took our bedroll and all boarded this steamer that was on the lake. They have a little orchestra in the evening—it was that glass bottom steamer, I think. And we went around the lake and we stayed one night at the Bijou, where we had a wonderful time because of a lot of young college students camping up there in those days. They had this big bonfire there every night and all sorts of fun going on.

Then a friend of ours took us up to Fallen Leaf Lake in a big six-horse rig, wagon it was. And I remember the doubletree thing broke on the way up and we were all terrified. But this man just got out and cut down a small tree and wired the thing together and we went on, and came back from there. Then we went on to Tahoe City and stayed one night there where we enjoyed things. And then we came back to our camp. That was really the highlights of our vacations. We made several trips there.

One year when Amy Howe, that's Amy Howe Yerington, was with us, because she knew the Blisses, we were allowed to stay for a night or so—or a few nights in the Bliss home there. That's that old home that's there now,

a big white house. And I remember we got a drop of ink on the carpet or something and we were just terror-stricken that we had done such a thing as that. Every afternoon, when the stage came in, we went down to the pier to get our food. And that was a wonderful outing. Then when the time came we walked home again, down to the foot of the grade.

Then Mrs. Vaughn—you know, Professor Vaughn taught us, he was the vice principal—formed a little club amongst the girls called the Loyalty Club. It was kind of like a YMCA. We had meetings there that were very interesting and took up little projects of one kind or another. And that took up some of our time. We also even had a little card club; it was called Eata Bite A Pie club. And we played a little hearts—was the game at the time that we played.

Then on Sundays we went to church, night and morning on Sundays. And then in the afternoon we alternated; a little group went either to the Orphans Home or the prison for services. So, we really got a lot of religious training [laughs]. As I say, our pastor who is in our church, the Episcopal Church, was Thomas, Reverend Thomas. And they sort of ruled us pretty well. We were brought up very, very strict when I think of what children have and do nowadays.

But anyway, I was very happy in my high school days. I just loved high school, and I felt that we were having a wonderful, wonderful time all of the time. And then Miss Helen Chartz was our teacher. She taught us mathematics and history. She's the one who influenced me on going to the University of California because that's where she had gone. She was such a wonderful teacher and a wonderful person that that's really how I decided, or my family decided, I should go to the University of California.

COLLEGE DAYS: UNIVERSITY OF CALIFORNIA, MEDICAL SCHOOL

Well, I came down to college and of course a little girl from a little school, how many were in our class? About eleven were in our class in 1911. I came down to Cal and there were a thousand entering and it just seemed like— was very overwhelming to go to where there were so many people. But I was going to study mathematics and be a mathematics teacher. I lived at College Hall the first year down there, which was quite a nice place to stay, and met friends that I kept from then 'til now. I took a lot of chemistry and biochemistry and sciences, so I was with the premed students all the time. So, I decided, well, it would be kind of nice to go into medicine, and they were all urging me, too. So you can see we were a very close-knit, friendly group that went into college. That's how I got started in the study of medicine. Not that I had any special talent or any of our family had been doctors or anything; it was just that this group of people that I took these classes with were all dedicated to it and so I decided that would be pretty good for me to be dedicated to something [laughs]. So that's how I went on then.

And then I joined a sorority, Delta Zetas, and lived in the sorority house which was quite a nice thing to do. I mean, I enjoyed very much the girls there. The funniest thing, you know, the fiftieth anniversary of that sorority I went back to and oh, I was going to see all these people I went to college with, you know. So, we went across to Berkeley; I was staying with my daughter in San Francisco. They took me across, and we went up to the Delta Zeta house and they opened the door and, you know, I looked in there and I thought, "Oh, my, where did all these little old ladies come

from?” That was exactly my feeling. Oh, it was such a shock, you know, fifty years. Well, you can imagine, fifty years! Some of them I have seen, but very few, because my friends then afterwards, became people that went into the medical group, you know. Of course, they were in the regular college group, so I haven’t seen them, many of them, through the years. Just a few. But then I thought, “Oh, these little old ladies!” Then I went in, you know, and in no time began talking, reminiscing. The age just passed off everybody and they were just young and cute again, looking around.

So then college was just a lot of work as well as a lot of fun. But it was hard work and it was—my coming from a smaller place was a little disadvantage, you know. The [college] work was very interesting, and I did very well that first year in such things as chemistry and math, but I did very poorly in English which never was my profession. I was very fond of English, but the writing of small stories and things like that was very, very difficult for me and that’s what I took the first year. I think I got a four, or a very low grade and my principal, when I came back to Carson, was astounded that I should do that. But then when I told him I did well enough in chemistry to be excused from the final examination [laughs], why, I was better off. Mr. Hunting was our principal then, I think.

The work was very interesting and the mode of giving instructions I liked very much. We had very good teachers, speakers, and I went along and took the science courses with no intention of becoming a doctor. I went down as a math major. But I got involved with all of these premedical students and in their classes. They talked me into changing and becoming—going into medicine, for which I’m very, very thankful. I have enjoyed it and felt life was worthwhile doing it.

Well, it seemed to me that our education was rigid. We did our first three years of regular college and then the fourth year in college was our first year in medicine. I know the teaching has changed considerably since then, but it seems to me our teaching was very good, really very excellent. We had excellent instructors; we didn’t get into clinical work as quick as they do now. I noticed that medical students even now are around in hospitals and viewing everything and seeing patients and hearing all sorts of medical talk, which is perhaps better for them. We were more or less still very academic until our last two years. You see, our first year was our—the fourth year in college was our first year in medicine, and then, we moved over to San Francisco. And after that we had lectures and went around the hospital some, but not too much. Then the last two years was clinical work and that.

I can remember we had very fine teachers at that time. We had Dr. Herbert Moffitt, who was one of the best known physicians in the whole world. He was internationally known. We had Dr. Terry, who was the surgeon of great note here, and Dr. Briggs, and Dr. Brunns, who was also a surgeon, and Dr. Pope, Saxton T. Pope.

I think all of the students that were in my class in that area remember Dr. Saxton T. Pope the best. He was a wonderful teacher and very sympathetic with the students and with people. He had a great personality. He had studied all this magic work; we’d come to class and he’d go along and kind of pick out the most bashful student or something and all of a sudden he’d pull a forcep out of their ear or a little knife out of their pocket and, “Why, where did these come from?” he’d say. And we just loved it and we just loved him. He was an excellent teacher and I think we got a great

deal more from Dr. Pope than from anyone else in our associations with our patients and our feeling toward our patients and getting them well and better.

I can remember that he operated on my mother while I was still a student and she had a ruptured gall bladder and was pretty sick. And he was just so sympathetic and so nice with her and she was a little old lady at that time. And so this friend of mine—[she] was a little Italian girl and her mother was Italian, and they drank wine all the time with their meals, you know. And so my mother thought, who never drank at all, thought maybe she should have a little wine. So one day, she told me she had a dream that night and she dreamt about snakes. And he [Dr. Pope] came to her and said, “Well, Ella, you had a dream about snakes last night. I guess we’ll have to cut out all this wine.

And she said, “Oh, Doctor, but they were just little bitty snakes.” I remember that; I think it was so cute.

He [Dr. Pope] went on big game trips, you know; they were just coming in then. And I remember he went to Africa and different places. He died at a very young age, I think fifty-two years old. We all felt so bad when we heard it, although his son is a doctor at UC now. Well, he was a wonderful man and teacher.

Dr. Briggs also was very, very good. That is, he mixed with the students more, or became sort of their friend as well as their teacher. Many times we were invited out to his home for dinner; see, we were kind of a small class. And he was an excellent, excellent teacher. Well, of course, no one could quite compare with Dr. Moffitt as a teacher, but he was a very dignified man. He came with a chauffeur every day to class. That was, of course, in those days, you know, the 1916’s, 1917 and ’18, you know, there weren’t many

people chauffeuring around. He was very fine looking and very sort of majestic and he just walked along on his rounds and the house officers and students all following behind him. But we never got very close to him. He was dignified and his reputation was just marvelous.

Dr. Terry was the same way. He had studied in the Creile Clinic, I think, and he did lots of thyroid operations at that time, which were new operations, and he was an excellent surgeon. Then there was Dr. Neffizeiger, who was the neurosurgeon; he was a friendly sort of a person and a very good teacher. Dr. Lynch was the obstetrician; he taught us that.

Dr. Langley Porter, who was very well known, was a very friendly sort of person and entered into our lives and sort of—I don’t know, helped us more as people as well as students, you know. And he has that big clinic or that big mental hospital down there, I think it’s named after him, the Langley Porter clinic. And then I also knew him at the Children’s Hospital; he was the chief of pediatrics at the Children’s Hospital when I interned there. He was a wonderful teacher and we were just inspired by those, that special group.

While I was going through regular medical school I was sort of student intern at the relief hospital in San Francisco. And that was out in St. Francis Wood there, and I lived there for one year and did sort of intern work, which was very, very interesting and very, very helpful.

The doctor that, really, I think, had the most influence on me, incidentally, was Dr. Elizabeth Keys. She was the chief of obstetrics at the Children’s Hospital. She had a clinic down on the North Beach of her own. She did beautiful surgery, beautiful obstetrics and she took us girls, there were four girls in my class, and this is the only year that she did it too. She took us out on all of her deliveries,

and taught us home delivery. If I hadn't had that I would have been lost when I came up here where there was no hospital or anything. But we went out prowling around the North Beach at all hours of the night helping her deliver babies and sometimes we were there by ourselves. Anyway, she did beautiful surgery and did beautiful obstetrics and was interested in us, and I used to stay with her at her home afterwards. And she's delivered all of my children except the oldest one that was born at home, right here, without benefit of doctors.

Well, they were wonderful people when I went to college. I know they often called that the "golden age" of medical school, you know. Dr. Moffitt and Terry and Brunns and Neffizeiger, Pope was there, and then Dr. Keys over at the Children's [Hospital]. Then there was another [doctor]—Dr. [Emma K.] Willits was a woman surgeon at the Children's Hospital and she was certainly sharp. She did beautiful surgery and took such wonderful care of her patients. Just every patient you'd think was her dearest relative. She watched them so closely. We weren't so close to her; she was a little more dignified. I wouldn't say dignified either, but a little more withdrawn into herself with her surrounding people, but not with her patients. She was *one* with the patients.

Dr. Holesclaw was the pediatrician there who was very active, very good, very sharp and a very good teacher. We used to—we had everything at the Children's, the different wards and we had the infectious disease clinic and hospital. I remember as a child growing up, my mother was so afraid I'd get sick or get something that she was very careful with us. And if somebody was sick she'd make us walk around the block instead of pass the house for fear we'd catch something. So she came when I was an intern at the Children's Hospital; she

came down to visit me. And so she was in my room while I was out doing some of the work. I was on communicable diseases. And they phoned down to the room and said, "Is Dr. Hill there?"

And she said, "No, she's out."

"Well, tell her that there's a diphtheria case that's just come in and for her to come right over."

And my mother said, "Oh, but Mary's never had diphtheria." So that was really the joke of the hospital. If anyone'd come in with anything they'd say, "Well, oh, Mary, have you had this?" [Laughs]

We worked hard when we were at the children's center. When I was there it was during that 1918 flu epidemic, and they turned the Children's Hospital, except the obstetrics, right over for the flu. It was really a terrible time. There were whole families that would come in. You know, they would bring them in by ambulance right away and leave them there. And there would be maybe a mother and children come in and so many of the mothers just died. They'd say, "Oh, Doctor, don't let me die!" They seemed to know they were going to, you know. And they'd say, "Don't let me die; I can't go and leave all my children." But there might be a mother and two or three children taken out of a family. It was a dreadful time. There was so little you could do for them in those days; it was before all the days of antibiotics. And all you had to work with was aspirin, oxygen, steam inhalations, and a few things like that—none of the things that we have nowadays. I remember when we used to go around with the masks on our faces, and our sorrow was pretty bad.

Mary Ellen Glass: Did it seem unusual for women to be in training for medical practice at that time?

Well, I'm asked that question so much, but whether ours was an unusual class or something—we felt no discrimination of any kind against us, the tour of us that were there. We were very friendly with all members of our class, and there was never any discrimination with the faculty at all. We were quite friendly with all the faculty. And then, of course, interning at the Children's Hospital—they were all women physicians there, although there were menfolks, too. But that was a hospital that was manned mostly by women doctors, so that I felt no discrimination there at all. Then after I left there I went to the San Francisco County Hospital, where you'd think if there was some you would notice it. But somehow or other we didn't notice it at that particular time. Of course, it was more like coeducation students, you know. You don't notice it in college. I mean in anything, women going to college. And it was just like that. Whether we just got into an era where there wasn't anything at all, I don't know.

The San Francisco hospital was a very interesting time. I was a resident in medicine, in internal medicine on the UC staff. You see, the hospital is kind of divided; the Stanford people have half and the California people have half. I was on the UC staff. We had a very wonderful service that was directly under Dr. Moffitt and Dr. Briggs. And Dr. Briggs was there every day, but Dr. Moffitt came every Friday and spent the whole day sort of lecturing and making rounds. At the San Francisco hospital you saw every kind of a patient imaginable, just everything. I think back now on the pernicious anemia cases that we used to have, and in those days there was nothing you could do for pernicious anemia except transfuse them. Of course later, after I had graduated, they discovered the vitamin B-12 and the feeding of liver, you know, to those patients; that brings about a miraculous

cure. I remember a funny thing that happened there too. We had one old gentleman that had pernicious anemia, and he wasn't so old either. He'd been our patient and we'd transfuse him and work with him and everything, and he lived a certain time and then he died. He looked terrible all of the time that he was there, so we had a session afterwards about it. It seems that they'd gotten the wrong body when he died. You know, someone else died too and they got the wrong body. He was taken in place of this Italian man, I think. And so when they brought him back to the hospital we were all so amazed he looked so beautiful. They had taken such good care of him, you know, and had so much work done at the undertaker's that we hardly knew him [laughs]. But it was a terrible blow and he was at the church and they opened the casket and it was the wrong body. So those mistakes are made off and on. That was one of the funny things.

At the San Francisco hospital, it was very pleasant. There was a pleasant group of people there that interned the same time I did. We were residents there, instead of interns. That was your second year in the hospital; it was a residency. We served on emergency for a month—that's the Mission emergency hospital, too—so, we got lots of experience. I went there because I—I did get an appointment at the Mayo clinic where I could have gone for my second year, but Dr. Moffitt and Dr. Briggs told me they thought I'd be better, as long as I was coming up to a rural area, to stay there. It certainly was; I saw cases that were just marvelous.

One thing that I noticed while we were in that hospital was that we never had any Jewish patients. I once asked someone, you know, why we didn't have any Jewish patients, and they said, "Oh, well, the Jewish people always take care of their sick." They had a Jewish relief

organization in San Francisco and they always took care of their [own] sick people.

We had all kinds of funny things happen there. They were always having petitions about the food and this, that and the other. And I remember Ethel Reghetti and I were both there at the same time. And we never would sign any petitions. So maybe that's where I got my certain ideas about petitioning and things.

Well, it was very nice; both my internship and my residency, I think, were just wonderful. I feel so thankful that I had just that particular type of training at the Children's. It was a rotating service; we were on just children for three months, we were on surgery for three months, we were on obstetrics for three months, and then we had a laboratory and anesthesia service for three months. So we really got a little of everything. It was wonderful for up here because that's what you have to do up in the country, a little of everything.

I left down there and then I came up here to Smith Valley. That's where I've been ever since.

MEDICAL CAREER

YEARS IN SMITH VALLEY

I was married my last year when I was in San Francisco, and then I came up here and moved to this house and have been here ever since, fifty-three years. When I came up here it was kind of nice because they'd never had a doctor here before. So there was no discrimination between a woman and a man doctor. They were so—I think they were so happy to have a doctor right in the community; they'd had to send to Yerington for their doctors before. And you know that was a horse and buggy drive up here, which was kind of long, and they had all gone through that influenza epidemic without having a doctor here. I think they were very happy, because there were a good many deaths and very serious illnesses, and they were very happy to have one. But of course, there were probably some who think, "Oh, a woman doctor, how terrible!" [Laughs]

But I always said the Indian people were my saviors. They took to me right away; that is, they were going to try me out right away.

So many of them worked on our ranch right here. In those days, before they had the new machinery, you know, you'd have twenty men working, where maybe now there'd be five. And they all came and got little things—cuts and bruises and sickness. So they took to me right away and I always said, "Well, I think they were good advertisers." [Laughing] And I have been very friendly with the Indians, with the Indian population here throughout the years.

Have lots of funny experiences. I was even asked to consult with an Indian medicine man at one time, which was quite an idea. I went up here to the camp and walked in and the room was all decorated, you know, in different little things, like little feathers and a little bow and arrow and something like that all around. The patient had a little band on her head and a feather or two up. And we had a consultation, the Indian medicine man and I did. He said, "Well, I- thought it might be well to consult with you because I could help you a little bit by telling you what the Indian medicine man and I did. He said, "Well, I thought it might

be well to consult with you because I could help you a little bit by telling you what the Indians took as laxatives and things like that, you know.”

And I said, “Oh, I think you could, you’ll be a great help.” We had quite a little conversation. Come to find out, he was an Indian man that had worked on this very ranch and just lately had gone into being an Indian medicine man.

And then I went all around this area. In the beginning I used to go to Bridgeport and Coleville and Sweetwater and all around. In fact, I had a little contract for a while with the government in taking care of those patients. I got to know them very well; we became great friends.

But, one little story—I went up to Sweetwater one night to deliver a baby. They said this woman was having a great deal of trouble having her baby. Indians usually didn’t have a doctor when they had their children; they seemed to get along all right. But this baby was a cross presentation and the arm had come down in the deliverance area. The other Indian woman had been pulling on the arm, you know, thinking if they pulled hard enough they’d get the baby out, not realizing they couldn’t do it. So finally they sent for me. The baby was dead, of course, but I went up. It was—we’d been away someplace and had just come back; it was quite late in the night. Fred drove me up, and here she was in the little tent, you know, right on their little beds [which] were always on the floor. So we had to get one of the neighbors up and get a kitchen table and get her up on that. So I had one Indian woman giving a few little drops of ether to kind of ease off the pain, two other Indian women kind of assisting me. And these two Indian women kept saying, “Now Mary, you wouldn’t leave us would you? You’re going to stay here aren’t you? You wouldn’t go away and leave us?”

And I said, “No, I wouldn’t leave.” The sweat was rolling down; I was working hard.

The other Indian woman kept saying, “Do you think you can make it; do you think you’re going to get the baby; do you think you can make it?” So finally, anyway, after quite a long siege, I got the baby delivered and the woman back in her bed and comfortable. I was just terrified that surely she’d have an infection, you know, up there with nothing very sterile. But she got better.

Finally, about two months later, we were all having dinner out here and there was a rap on the door of my office and the housekeeper went. She opened the door and there was a big tall Indian there and she says, “Oh, you want to see Dr. Mary?”

He says, “No, I want to see Fred.” And so Fred went to the door and the Indian man said, “Oh, hello Fred,” and Fred said, “Hello.”

He says, “Oh, Fred, your wife came up and took care of my wife and now she’s all better, and I’ve come down to pay you. Now what do you charge?” [Laughing] That was one of my best stories.

And another time—it was at Christmastime and the ladies were all at my house, and we were fixing up things for the Christmas tree at the school. The entertainment was to be that night. And a call came to want to know if I’d come up to Bridgeport and see Silas B. Smith, who was kind of a well-known Indian man up there. So I said, “All right,” and I started out.

It was kind of bad weather and cold, but anyway I started up there and I was to turn off at the road to Bodie and go up as far as I could go there. Then I was to go up the hill and they’d have someone meet me. So I started out and I went and finally this little Indian boy was flagging me down. I got out of the car and I had to walk clear to the top of the hill, you know, and we got up there and there was a little teepee there. And just a little tiny

opening [gestures about two feet high], you know, no big door or anything. And I had to get down and crawl through this opening, not knowing what I was going to find at all. But when I got in there, there was really quite a clean, nice little living room and there was a little pit and there was a nice little fire burning in the pit. And at the other end was the bed with the patient, and beside the bed the only light was a little wick that was in oil, you know, burning. And on the bed was this Silas B. Smith, and beside him sat his wife. And she said to me—she was sitting there holding his hand; Indians don't display much affection or anything like that, but she was holding his hand there. And she said, "Oh, we're so glad that you came, Dr. Mary, because they said you were a very good doctor and I'm sure you can cure my Silas."

And I said, "Well, I'll try and do what I can."

I looked at him and he was very thin and emaciated and he had a terrible pain in his stomach area. As I examined him, I knew, and could feel this mass in his stomach, which was evidently a far-gone cancer. It was such a solemn little ceremony, I'll never forget the picture of this little room, you know. They're sitting there she had him so clean and so nice, and had so much hope in her face. I knew I could give them no hope, because there was nothing at this stage that could be done. So I told them that I would leave them some medicine that would probably help his pain, but wouldn't cure him. And I left them some morphine tablets, I guess, to take. But I can always remember to this day that little scene there.

Were there some other doctors around in the area?

Yes, in Yerington, not in Smith Valley. There was Dr. [Granville E.] Leavitt and Dr.

[Beaumont] Brown and Dr. [John B.] Edwards. Dr. Edwards's son is now our public health officer in Nevada, Bill Edwards. They were all very friendly and helpful and they didn't seem to think it was funny that I was a woman being a doctor. They were friendly; they came up and visited at our home and I went to their homes, Fred and I went to visit. And then we had lots of other things that happened.

Early in the practice, one day my brother-in-law became very ill and he had a terrible pain in his back. And I remember that in those days Dr. [Anthony] Huffaker, from Carson, who was the doctor, and Dr. Donald Maclean, that's Ken Maclean's father, came out and he was so bad that they operated on him right in the home. He had a paranephritis abscess, which is a rather rare disease. And I can remember when I was in college and studying it, I thought, "Oh, I hope I'll never miss this if I have one." And really, it's about the only one I ever had in all these years. They came out and we operated on him right there, and I had to take care of him. I think I gave the anesthetic and they probably did the operation.

Dr. [Anthony A.] Huffaker was a well-known doctor in Carson. You've probably heard of him. He was so nice, he was very good to me, and so was Dr. Donald Maclean, Ken's father. Whenever I had any problems or anything went wrong I used to just get in the car and go in and tell him all about it and he'd, you know, set me straight on things and help. He came out here very often to see patients that we couldn't get in there, as did Dr. Huffaker, too. Those are the early doctors that I knew right well. And then there was a doctor, Dr. Evans, I think it was, in Reno. He was a nose and throat man. He was very kind and very nice to me and helpful.

If a person was sick here and they had an appendix or something I used to have to go out and diagnose the appendix without the benefit

of any laboratory. There was no x-ray out here; there was no laboratory where you could get a blood count or anything. I did do a few myself, but unless you're doing those things all the time you sorta soon get rusty to it. I used to have to rush them in; we went to St. Mary's Hospital a lot. And I know Sister Seraphine said once, "Well, we always get the surgery ready when we know you're coming Dr. Mary, because they're usually what you said they were." I always felt very good when she told me that. That was in those very early days.

And I remember one time we had a man that went after wood and as he was coming down after the wood his horses kind of ran away, and the whole thing got out of control and he was thrown. And he broke his knee and his ankle and his shoulder out of joint. We had him over in his house there, and I wanted to send him away, you know, to someone that would maybe do more than I could for him. But he said, "Oh, no, you're a doctor now and you're supposed to do these things. And you just go ahead and do it,"

So I remember all the neighbors came in to help. And it was in the days before we had electricity and the Chichesters lived right next door to them. This Elsie whom I spoke about with you before—her husband lived there. And we were in the bedroom and Roy was holding the lamp for me and they had uh, maybe you've seen 'em and maybe you haven't, but in the old days they used to have cupboards, you know, clothes closets, maybe they'd have a shelf across here and then curtains down. Roy was kind of standing this way against the curtains and he got a little tired after a while and he leaned back and he and the light all went down and we almost had a fire [laughs]. But we managed and he lived many years. He did have a little limp in his knee, but later on I sent him down to an

orthopedist, but they didn't do anything more than what we'd done.

The challenge was there and you had to do it and they expected you to do it. So I think you went along and did things lots of times that you'd like to have somebody else do.

I remember Mr. Hall; he was a farmer here with a beautiful bass voice. He sang beautifully. These were the very, very early days of practice.

I remember once going down to Yerington to deliver a baby. This is funny. We got in and these people just had one set of sheets in their house. We had an awful time trying to kind of get things sterile enough to deliver the baby. The deliveries were all house deliveries then. Finally, we got the baby delivered and we wanted to change her bed and put fresh sheets on. Well, we had to go to the neighbors and borrow some sheets and things. So the fellow says, "You all stay here," after we got her all fixed, "I've got to go up town and get some things." So I thought well, he'll go and get some sheets and towels and everything that they need, and what do you think he brought home? A big box of all kinds of soft drinks and a couple bottles of whiskey to celebrate having the baby. They were just that type of people, just as poor as could be, you know. And so years went on and they never thought about paying me and I never really thought of charging them, because I just thought, well, they haven't got anything—although I was kind of put out when I thought of what he brought home to celebrate, instead of two or three sheets, pillow cases or something, and he brought all this home. But you know, something like about ten or twelve years afterwards I got a check from them. So that's how people are, you know. A lot of people that are so nice. You know, in their hearts they appreciate what you do, but they're just

irresponsible. But I can always remember that [laughs].

There was a Mason hospital that was run by Dr. [John B.] Edwards; it was really a very good hospital. And Dr. Edwards was a very good surgeon. I think he'd gone to Jefferson Medical school, if I'm not mistaken. He was an excellent surgeon. And they had really good care there. There was a Mrs. [Elizabeth] Scott. She worked in Dr. Edwards's hospital and took care of the patients. Then after he left, and was gone, she worked for me. She was my nurse in my office and we had a little hospital together. And I just think of the care that she gave those patients, You know, they'd work twenty-four hours, they'd sleep right in the room with the patients and get up and take care of them. That's what you wanted—about. And they had good facilities, that is they had good home, what you'd call home care. Maybe there were lots of fashionable things that they didn't have, but I think at that Mason hospital they had pretty good care. Now that was there while the mines were running. And was there before I came here. At the Mason hospital, I think they did surgery, and Dr. Edwards was a very good surgeon.

And then after that there was the little county hospital, but that was mostly for county patients. We didn't get any help from that. So Mrs. Scott, this Mrs. Scott that worked at this Mason hospital, she bought the house where my office is now and made a little home hospital out of it. She had about three beds, you know, a three-bed hospital. And we did the delivery there and accident cases—no surgery of any kind. And we just did hundreds of deliveries. And she did everything. She did the washing and the ironing, the cleaning, she helped with the deliveries and she took care of the patients. It was really remarkable what she did.

And she—her husband had this peculiar disease of Huntington's chorea, you know, where they wiggle and twist. She took care of him and ± know people said, "Why don't you put him in a state hospital?" No, no he would never go there. She took care of Mr. Scott until he died. She had seven children and she raised them all. She was a most remarkable person, I think, that I've known. She raised all of those seven children, and never got a cent of help from the county or—there was no welfare, of course, in those days, but even at that, patients did get help, county help, but not Mrs. Scott.

She retired about in 1941, I think; she stopped nursing. She's now ninety-two years old, and she's in our hospital. I'm about the only person that she really knows, you know, when we come in. She doesn't even know her children. They live in San Jose, the ones that are left. She lost four children with this Huntington's chorea, but they were all grown. It's a disease that comes on in their forties so their children were pretty well grown, at that time.

And it's funny, you talk to her and say, "Oh, are you going to help me deliver a baby?"

"Oh, yes, yes, I'll come," she'll say, to this day, you know. Makes your heart—oh, it just squeezes your heart, it's something to see her. She had a stroke and that's what happened. She can walk around with help, though. Of course, she couldn't carry on any conversation. She's just like a vegetable. I think she was—.

There's a little book written by her—and she comes from quite a family. The family are the Barlow family in Hawthorne. They were in Aurora; she was in there. Her husband was very wealthy when they were first married. They took a trip around the world, the whole world, you know, dyer to China and all around. Then he developed this disease

slowly and lost all of his money. That's why she was left with all these children to take care of. Yet they came from Aurora in those early days. And this daughter, Meadows, her name is, wrote this book about her father Ben Edwards, who was kind of a—quite a character here. He was a banker in Goldfield and Tonopah. And she wrote this little book; she recently sent me a copy. And she speaks of Mrs. Scott in it, that's her aunt.

Dr. [C. E.] Leavitt was the old doctor there [Mason hospital] when I came; he'd been there for many years. He just devoted his life to his patients. He was a Stanford graduate and he just gave them excellent care. I feel that Yerington's always been a place where they had pretty good care, and those old doctors there, in those days, just really gave them good service. Dr. Leavitt, afterwards, came up here to Smith Valley one day and went out hunting with his son. There was a big tule pool out here, in the northern part of the valley, and he drowned. He went after some birds or something and had these big gum boots on. He was sucked into a kind of a deep pool. I remember he drowned and his son was with him, and he just couldn't get him out of the water. Just one of those tragic things. But the whole Leavitt family lived there and he certainly gave good service to those old-timers there. They can all remember him. He was one of the ones that went around in his horse and buggy; [later] he had one of the first automobiles and went in that. He was a very kind man and very helpful to me. When I was here, you know, I could always call him and he'd come and assist or give me advice. We were very good friends.

Well, you kind of inherited his practice later, didn't you?

No, because see, that was Yerington. I really came in here—he was the one that

before I came would come up here and see the people. So I really took a good deal of that practice away from him. But he was kind of delighted at that, because that was an extra strain on him that he didn't like. He held no, no grudges or anything and was, as I say, always very helpful and ready to help—helped me and gave consultation. And of course he had years of practice before I came here, and he was pretty well—knew about the people and could help me a whole lot. You know, a new doctor just starting out—they think they know everything and they don't know much. I think you learn most of your medicine by practicing, going along and getting cases and studying those cases up and learning from them.

There was a time when there was a narcotics ring that sent out narcotics' here to the Indians. They just got in a terrible state. It was early in my practice here, and we discovered that the Indians here were all taking something, but of course we didn't know what it was. At that same time we had a Chinese cook here, who was a very fine cook, and we were very fond of him. But we finally discovered, when they were working out this problem, that he had something to do with the drug that was coming in here. So, anyway, the agents came in here and got him. He was taken. 41

Then the Public Health Service, the Indian Division, sent up medicine to help the Indians during their withdrawal time. They were awfully cute. They needed a lot of sedation and a lot of help, but they hated to admit that it was for themselves. So maybe an Indian lady would come up and [say], "Oh, my husband is terrible today. I just have to get some medicine for him," you know. So I'd give her the medicine to kind of calm him down a little bit, but it was for herself that she wanted it. And then maybe an Indian

man would come and say, "Oh, my wife's very bad today. I had to get something for her." But they would never admit that it was for themselves. But they finally—it didn't take very long for them to get them completely off the habit, and I don't think they ever got back to any drug using again. I don't know what happened to the Chinaman. We felt kind of chagrined that here he was right here—we didn't know it, anything about it—cooking. But I remember them coming after the medicine. "Oh, no, I never use that stuff!" [Laughing]

Well, another problem that is usually associated with Indians is alcoholism.

Well, of course, we had loads of that. They were funny when they used to drink. They'd fight amongst themselves, but you know, they never fought with the white people. And lots of people used to think—I was always picking up the Indians and giving them a ride from here to Yerington or someplace else, whether they were drunk or not. And I said—well, I had no fear of a drunk Indian, because they never attack the white people or fought with them. They fought with their closest friends, you know.

Then they were always getting drunk which they do 'til today. I don't think quite as bad, but still they do; they'll drink. They'll work just three or four days and then they'll go and get drunk for three or four days. And you can't do anything about it. I can remember during the Prohibition here where they used to go and get—they'd work for this certain party and he'd just pay them off in wine that he made. So, of course, there was a good deal of drinking. But that does continue yet. That's their worst enemy is drink.

How about Prohibition time among the whites?

Well, everybody wanted a little prescription of whiskey [laughs]. They were delighted if they had to have some for a cold or something, because really, in Prohibition time that was before the antibiotics and things. They felt a little whiskey toddy or something would help them out. They were always after prescriptions. And you had to kind of watch them carefully, or you'd be just sort of rushed into giving this or that one a prescription. But it wasn't too bad.

[Among my early neighbors], I can remember the McVicar. Mr. McVicar—they were here for some seventy-odd years, almost—was an old man, and when he was sick I would go over and take care of him. He would go to bed with all his clothes on, and put his night—he always had a nightshirt, you know, or a nightgown—he'd put that all on over his clothes. And then there was Obi Day here, who was another old, old-timer. I used to go over to see him when he was sick. I remember one time he had a heart attack, and when I got there he was walking the floor because that was going to chase the pain away.

The attitudes of the whites was very acceptable, too. There had been no doctor up here, and they were very happy to have someone to bring their troubles to. I think in the early years lots of times they'd go around to somebody else; but on the whole, I think the people in Smith Valley started right in and came here, which was a big, big help. I had some very close friends who were very influential and well-thought-of through the valley that accepted me as their best friends. That was the Arentz family, and Mrs. Arentz, Harriet, became my closest friend and all the children in their family, I took care of. And they're the ones that started the "Dr. Mary" title, They never called me anything but Dr. Mary and that's the way that first the valley

people took it up, and then everybody, all over. I think I'm known as Dr. Mary, not as Fulstone, at all. And I think, for all the minor ailments they came in first, and then gradually they came along. I didn't have, I can't remember, any bad incidents that I had because I was a woman doctor. No, I think they talked it over probably amongst themselves, "Oh, we can't go to a woman; we'll have to go someplace else," and then they went and never mentioned it. And lots of—and then the kids here grew up and they didn't know, because they were born here.

I was on the school board, I remember, and for years, and one of the early classes, not too early, that I gave diplomas out for—I was president of the board and they always handed out the diplomas—and everyone of the youngsters that were getting a diploma were ones that I had delivered. So I just laughingly told them, I'd made out their first certificate they had to have and this was the next one. And so that was very interesting. These children had never been to any other but a woman doctor, so things just kind of gradually worked out.

Then, when I went to Yerington—they were very short of doctors in Yerington at the time I went down there to practice steadily. I used to be called on consultations and things like that and a few people would come up here. But this time they were very, very short of doctors. Dr. George [Richard] Magee was the only doctor down there left, and he was just overworked to death. So he called me and asked me if I'd come down one or two days a week, anyway. He said he'd even pay my office rent if I'd just come and help out. So I went down, first one day, and then it came to be three days a week. Gradually the work increased so that I went every day. And I guess that was along about in the 1930s, sometime. I don't remember just exactly what date it

came down—that's when I went up there. I really didn't encounter much opposition. I never pushed the question either, that women should have the same privileges or anything like that. I just went along and felt, well, if you did your work you were accepted and if you didn't you weren't accepted—whether you were a woman or a man. So I really haven't had any problems on that score.

We had problems. We did all our house deliveries. I've had experiences of every kind going out to practically chopping wood and making a fire in the stove and warming up the place and delivering a woman that maybe was on the floor. We've had a few primitive people like that, besides the Indian people. When we had deliveries, why, we didn't usually even have a nurse on hand. The papas-to-be would be the anesthetist.

We would set up, the patients would learn to sterilize certain things and set up for the delivery and have them all ready there. I'd have them make up the sheets and towels and certain things that we needed—basins. Then they would bake them in the oven, just like they'd bake bread, and have them all ready when I came. There were no phones to speak of, so that if I were going to have a delivery, I'd practically go and spend the day at the house. That was one of the nicest things of my practice, those long hours that I spent with the family, getting acquainted with them and their problems and things of that sort that made life kind of interesting. But then when the delivery came we used to have the bed put up on stilts or little blocks, you know, and then these primitively sterilized things, but they were sterilized. They were good, we never had any infections.

Then the papa would—I used chloroform for an anesthetic because in those days there was a wood fire and the oil lamp and ether, you know, is explosive. So I would have a

little mask and the papa would—when the pain came the woman was delivering—and when the pain came why, the papa had to pour a little chloroform the size of a nickel, wet the mask, and then give it to the mama. She would take a few breaths and that would take the edge off the pain.

One delivery was kind of interesting—that worked very good, the fathers were very careful and in the way they did it and saw that they got enough to relieve their pains a little. One time it was a very, very stormy delivery—stormy weather. The nurse who was coming wasn't able to come up, this time we were going to have a nurse. So Mrs. Arentz, my very dear friend, said—she was a friend of this patient's too—"Now, I don't know a little about nursing, but I'll come over and help in whatever there is to do." I was very glad to have her. We got everything set up and the membranes. And she came back and I said, "I think I'd better examine you, before you go down."

I examined her and the baby was just going to come any minute. So we dashed around to get things ready in the office so we could deliver her. We phoned a neighbor, Ruth Allen, who was a registered nurse, to come up. And my twins were here, the daughters were here, and they'd never been around a delivery or anything like that. But anyway, we got Mary Lee, who was about their age—oh, a little bit older than they—on the table, and here was Danny with a great big straw hat and levis and a shirt and his sleeve rolled up, and he was going to give her a little anesthetic. And Ruth Allen came up and she'd been out working in her yard and she had on levis and a plaid shirt. I got the twins in (and they had on shorts and stuff) to hold her, you know, kind of support her knees. I was getting ready; I had gotten things ready to deliver, and then I was just taking off my dress and going to put on a sterile gown, you know, and I was caught in

my petticoat. I delivered the baby in that set-up and it was the most picturesque set-up that I ever had. Here was Danny in the big straw hat, the nurse in levis and the flannel shirt, the twins just shivering and shaking there, and me in my petticoat [laughing]. But she delivered the baby quickly and just did beautifully. We put the baby in a dresser drawer, I remember. The twins got out and put it kind of on the old-fashioned kitchen stove, you know. We opened up the oven and put the baby there. And the little fellow did beautifully. So that was quite an unique delivery.

Well, [there] was another family here. I had taken care of—well, both the father and the mother, I had delivered, I think—and they were about to have a baby. The father had been my patient for years and he knew my bag. All the kids, in the early days, thought I carried the little babies in my bag, you know, so they were always trying to look in and peek in and see things. They knew the bag thoroughly. So I was called this morning; they said to come right away, that she was feeling kind of ill, but they didn't feel it was delivery or anything. So I ran over to her house, and here she was about ready to deliver. So I said to Mervin, the father, I said, "Now, you know my bag, don't you?"

And he said, "Oh, yes," he knew.

I said, "Run over to my house and pick up my bag and bring it over here and we'll just have to deliver her here." We didn't have time to hardly get her to the little nursing home here.

So he dashed over and he dashed back in no time and ran around the house and he came in. What do you think he brought?—my typewriter [laughing]! After all those years of knowing the bag, all those years, and he brought the typewriter. Well, we had to deliver with string and a pair of scissors and a little boiling up. But she got along all right [laughing].

Another time I went on a delivery, was up at Bill Reading's here. The Readings were old, old-timers here. It was on a wintery December night; I remember Fred took me up in a little, open old pickup. She was about to have her baby, so I said, "Now, Bill I'll need a pan of water, you know, so that I can boil things."

"Oh, yes, I'll get it, I'll get it right away." He went out and got a little tiny pan about this big [four-inch diameter]. Can you imagine putting all your instruments and things in a little pan. I remember that was funny, and it was funnier because Bill was one of these kind of sophisticated people, you know.

I've been interested in your talking about the fathers and their helping with these, because it's supposed to be such an innovation now to have fathers in the delivery room.

Oh, yes they don't let them, but in those days they had to— well, practically all the home deliveries the fathers had to give them a little anesthetic. That really almost made the delivery in those days a natural birth, which is quite the fashion now, you know. They did very well and they didn't faint away; those fathers that helped were a great help. But I once had one father that had studied up all about childbirth. He was going to be in to watch, and this was in the old hospital in Yerington. So I had said, "All right." I didn't object to him being there watching. So I let him stand in the door of the delivery room, you see, and we were delivering right here.

Everything was going fine and suddenly he said, just about the time I was to deliver the head, "Oh, Doctor Mary, you know, I can't feel my feet." And with that he was just slumping right down on the floor. Great big, strong, healthy fella. "I can't feel my feet."

I said, "Well, go down on the floor," but he was already slumping down.

You see, he was standing, watching and, you know, getting nervous and upset, while these other fathers that we had out here, they were busy all the time. In the wintertime they were keeping the fire up and doing things like that, and then they had to help, you know, with the mama. They had to help give the little bit of anesthesia that we used. As I said, it was practically just natural childbirth. But the chloroform did take the edge off, off the pain. It's the best of anything that I know of, 'cause I had it myself I remember once. At the Children's Hospital when I had—which one? I guess it was David, or the second boy or so. Their gas machine in the obstetrical room broke or something like that. And they gave me chloroform. I remember, it was just a wonderful sensation.

Well, didn't you tell me that you delivered one of your own children at home?

Yeah, my oldest boy. Freddie was delivered at home. I didn't deliver him; Granny Fulstone came down and she was a dear old soul. She had helped loads of women, you know, been in with them when they delivered. And she came down. Of course, I was just fresh from college and thought everything had to be just so and I was so afraid that Granny wouldn't be sterile. You know how these older ranch women were, they were clean in a great way, but not sterile. I remember I had her washing her hands in Lysol and oh, carrying on. She was so good, you know, she did everything I said. You know, not a word about it. And so, I guess, the pains were getting kind of hard and she said, "Oh, I think, Mary, I'd better examine you." So examine, to me, means putting your hand inside and all this that we had to do so sterilely.

And I said, "Oh, no Granny, I don't need an examination."

And she said, “I think I ought to do something.”

And I said, “Oh, no, no,”

And then she said, “Just let me look and see.” So I turned over and let her look at me. And she said, “The baby’s right here; it’s going to come!” And I said, “Oh, no, it can’t! The doctor’s not here yet.”

Well, I never got over that for a long, long time [laughing]. Poor ol’ Granny, she was so cute and so good. I probably was just so smarty-like, you know, that she could have batted me. But she didn’t. But he was a little premature, and of course, came very easy.

And the other children were all born at the Children’s Hospital where I trained. I had the doctor that taught me obstetrics—delivered my children. That was really very colorful.

That was ol’ Dr. Leavitt in Yerington, and he was such a nice man. He was so nice to me when I came out here practicing, you know; he helped me in every way he could. We had this nice little relationship. So when we phoned and Fred finally decided to phone him and Fred had to go clear up to Wellington, we didn’t have phones in those days. He had to go clear up to Wellington and call Dr. Leavitt. And he said, “Oh, I’ll come right up.” And so he said, “Well, I got to thinking she’s a doctor so she’ll have a very hard time, and she isn’t too young so probably she’ll have a harder time.” So he said he went over to the little supply place that he kept there in the old county hospital and got sterile gowns, and a pair of forceps and some ether [laughing], thinking he’d be prepared for a very difficult labor. And he got here and here was the baby [laughing].

I was thinking about some of the epidemics that you had to handle here in a rural area. It must have been considerably different.

Well, it was. It was all house calls; you were going all day long. You know, making house calls and staying for quite a long time. Of course, there weren’t as many patients then as now. In the early days, we didn’t have any antibiotics of any kind, and even in the early flu epidemics all you had was a little aspirin, mustard plasters and a little inhalation lamp. They had these little lamps that everyone got, and put a little teaspoon of the medication in.

Lots of times I used to think that I was just a moral support sitting here and kind of helping. And croup was a very frightening disease in those days. There was nothing that really controlled it well. I can remember sitting up with the family all night, you know, putting the mustard plasters on and then in those days too, we did get a little steam for them. But we had no medication that took care of them, those coughs.

Whooping cough was another dread disease that was—I can just remember the kids just coughing, coughing and coughing. There was really no medication that helped very much. It was a matter of them coughing themselves out. Then, of course, the vaccinations for whooping cough came in. That was after my children all had whooping cough, before the vaccination era. Then they brought in the vaccination for whooping cough, diphtheria and tetanus. Really, that was a big help. Getting rid of that whooping cough was—we didn’t have much diphtheria, I don’t think I had any diphtheria cases here, up here after I started out. We had them in the Children’s Hospital when I was interning; they had just loads of them. There was intubations and a little tracheotomy set on each one of the floors, where you’d have to do a tracheotomy for the diphtheria. But really, the coming in of those three vaccines was a big help. Now medical students don’t even see a whooping cough case or never a diphtheria

case, either. All these things that go on, just like the smallpox, kind of gone.

And pneumonias were very bad. There was nothing to do for pneumonia. You—we used the mustard plaster and I laughing], I remember one little kid had pneumonia and I went over to this house to see this child. I examined and said we'd put on a mustard plaster for twenty minutes. We put on a mustard plaster every three hours; that was the order that I gave. And this woman cooked in the home of the Days, who had had lots of illness and Helen knew all about mustard plasters and making them and taking care of them. But for some reason or another they got all mixed up and they put a mustard plaster on and left it for three hours, then changed it and put a fresh one on. You're only supposed to leave a mustard plaster for about twenty minutes, you know. Oh, I remember that poor little girl almost burned up. That was Phyllis Mathews and she's a welfare worker down here now [laughing]. That was Phyllis herself that got this mustard plaster. Her mother, Mrs. Lavier, who was Betty Bryan's mother, was the one who put the plaster on every three hours. So that was the only calamity I had with mustard plaster.

Did people have a hard time accepting those vaccinations the way they're supposed to have had a hard time accepting smallpox vaccinations?

No, they didn't seem to with those. They were very anxious. We used to have these free school examinations just years ago, before they started up through the public health. Well, that was through the public health, too. They'd come out and we'd have all the children come and they'd get their vaccinations. No, very few people refused vaccinations; they were very glad to get them. I think that is—in our community they were. Of course, there

were a few Christian Scientists, but very few that didn't take it.

I was thinking about the twins that I'd had. They were all normal deliveries. We had two sets of twins here in the valley within two months, the Elder twins and the Terry twins, that were born right in the home. And patients I hadn't seen or hadn't been following or hadn't seen ahead of time. That's when you often got called in, in the older days, you know, people wouldn't come and do—they wouldn't even come and engage you sometimes to be their doctor at delivery. They would just wait until the delivery and then call you—which was kind of bad. Of course, the others that you did, we had a little regime that we went through.

Through the years, everyone comes in for all their prenatal visits now, and their postnatal. They're very particular about that. And the baby gets their shots now, you know, beginning of the third month or whichever month the doctor decides.

Up here there were two ladies, one was Mary Gage, who was sort of a practical nurse, and the other was Mrs. Tilley over here. They both opened their homes and took deliveries. We kind of worked it out together; they had special room that they took their—fixed up. And beds—we didn't have any hospital beds or anything like that. We had to put our beds up on stilts and then we got a little sort of a board that we placed under the mattress so that the patient could lie across the bed and be delivered. And we got along very nicely that way. Like with Mrs. Gage, she was a marvelous cook. And you know, when a little lady has a baby why, it's all over and they're fine and they just enjoy the cooking so much. So it really worked out very nice. But she had no telephone. And I remember if anything came up, a little extra pain or anything, she'd have to send her husband kiting over here. It was about three miles, to get me. After she left,

why, Mrs. Tilley had a little room and we had many deliveries over there.

And I remember going up to Coleville one night in a snowstorm, a terrific snowstorm. We stopped at Wellington and had chains put on the car. And I remember that Mary Gage went with me, that's the nurse here, and her husband Walter and my brother-in-law and myself. And the chains broke on the car and we had a terrible time getting through. We'd go about twenty feet and then we'd back up, then we'd go again. We walked in on this patient about midnight, and I think it took us from four o'clock to get up there, something like that, four or five o'clock. It was the first baby and it kind of waited. But we got there in time just to deliver the baby. When we got up there, there was some fella, he was quite a prominent fella around here, and he had gone off the road, you know. I remember he stopped us and begged us to pull his car out and then go on in his car. We were so disgusted with them. We said, "No, you can get in and ride with us in our car and then come down."

But, he said, "Oh, no, my car is bigger than yours and much better," but it had run off the road and we hadn't. "I'd like you to just pull my car on."

We said, "Well, we are going to this delivery—" and we just couldn't do it, but we'd take him with us and then he could get someone to come down. I remember that he was kind of put out at us. We were put out at him.

There were a lot of accidents, but no major, real major ones. They were more a lot of deep cuts, sprains, and maybe a broken bone, now and then. Quite often we got broken bones. The kids were always getting their heads bumped and great bumps appearing, you know. Scaring everybody to death.

Early in my practice here, they brought in these two boys that were in a little car and

they had a little accident up here. One of the boys had come in and his whole face was distorted. One eye was hanging out here [on his cheek], and he'd broken every bone in his face. He was really a terrible mess. Fred, my husband, came in to help and got Guy Terr, another big strong, hardy young fellow, like Fred, you know. And one was holding a basin for me and the other was holding the light. I was trying to clean him up and take care of him, and all of a sudden the basin would be on the floor or someplace and that one would disappear and then pretty soon the light would disappear. They just couldn't take it, you know. It was a horrible sight, so we sent for the little man's father. And he came over. He just took one look at Charlie and he went to the phone. He called this doctor in Yerington and he said, "Oh, Dr. Brown," he says, "I need you. My boy has been terribly hurt," he says. "There's a girl here who says she's a doctor, but I don't know if she knows anything at all." [Laughing] But anyway we managed to get him and he just recently died. He was in his seventies. He had a heart attack. This little old man was so cute, and he became my most loyal patient, after this time. But, you know, I always think about when he went up there, "Oh, there's a girl here and she says she's a doctor, but I don't know if she knows anything at all." So that was one of the things.

Then one time, this is kind of funny, there was a wool buyer came here. The patients used to always come in here [home living room] and sit. This isn't really the waiting room, but then they'd sit and visit, you know, when I was taking care of them. There were always ladies in here waiting. I was in here talking, and the wool buyers came to the front door and asked if Fred [was here] and I said, "Yes, he's around in back hanging out laundry." He was, he was putting out the diapers for me. We all got such a kick, because this wool buyer didn't

know I was a doctor or anything. I think he just thought here's that woman sitting there entertaining all those ladies and her poor ol' husband that works on the ranch is out doing the laundry. I think he said something about it afterwards. I can't just remember all, but he was kind of horrified that poor Fred had to put out the laundry and I was here [laughing], not knowing that I was working, too.

I delivered this little girl over at the Smith family. They were quite a family here. They had three boys and I had three boys, and oh, I wanted a little girl so bad. And they wanted a little girl so bad. Well, their little boy, little Duane, was a little fella then, and he thought I brought these little babies in the bag, you know, in those days. And so anyway, they got a little girl that day. He was so delighted. The little boy went out to his mother and kissed her and said, "Oh, I guess Doctor Mary loves us a lot, doesn't she mother?"

And the mother said, "Yes, why?"

And he said, "Well, she gave us a little girl and she really wanted it herself." [Laughing] That was really a cute thing.

Well, this little girl, I took her in—she was a relative, too—I took her in for an appendix, into Reno. She was awfully sick. Juanita, my sister-in-law, was sitting there and she said, "Oh, Mary have you got a nickel?"

I said, "Yes, what do you want a nickel for?"

She said, "I want to make a telephone call."

And I said, "Why don't you wait on your telephoning until we get all the reports on Ellen and know what we're going to do?"

And she said, "No, I've got to make it right now." So she went to make her telephone call, then she came back and she said, "Oh, I feel so much better. You know, I called up our practitioner [Christian Science], and now we know Ellen will be all right."

So, Dr. Maclean, you know, Kenny Maclean now, it was his father who was doing the surgery. So while he' was operating, I said, "Oh, doctor," I said, "you don't have to worry about this case. You've got all kinds of assistance from the outside." [Laughing] And then I told him about it. Oh, dear it was so funny.

I have these patients here who were really very poor. It was during the Depression, I guess, so finally they put in row crops or something, made a little money, and they came down. I had never sent them a bill. They came down and they said they wanted to pay their bill. And in those days bills were "creditly" very small. A delivery was thirty-five dollars you know. So this little boy, he'd had scarlet fever, and they'd had a lot of sickness through the years. So, I said, "Well, I guess I'll charge them fifteen dollars for the year's services." So I told them that. He began talking to his wife in Italian, and I thought, "Oh dear, they haven't got fifteen dollars. Why didn't I make it ten dollars?" I was thinking to myself that probably it was a hardship on them.

Pretty soon he leaned over to me and said, "Make it twenty!" He was going to add five dollars to the bill. It was so cute. Afterwards they made a great deal of money; they're really very well-to-do now. They went to Europe and they invited me to go as their guest to Europe with them. You know they were appreciative of everything. There are wonderful people like that, you know, that you meet. But I'll always remember that, "Make it twenty."

Then there was Mr. Wilkerson, a little old man here that had a gastric ulcer. I had him on a very strict diet. And one night—we used to have Farm Bureau meetings here, down at a little hall, out near the post office. You know, they'd go to a Farm Bureau meeting and the ladies would always bring some food

and everything. The food was usually tamale pies and a lot of pickles, olives, and things like that. I didn't usually go to these meetings, only very occasionally. And this man, who was a farmer here, has quite a big family. He'd had this ulcer and was on a very strict diet. So, he walked in the line just a little bit ahead of me, you know to get his plate. It was served kind of buffet. And so he got his plate, turned around [laughs], and ran right into me. His plate fell right on the floor. It was the funniest thing. He just disappeared, because he knew he had everything on that plate that he shouldn't eat. He was so surprised at seeing me.

Then I had a girl come from Reno once; she was out— anyway, she started into labor. She got to Fernley and the car broke down and they were sort of phoning us all the time to be ready for her delivery. And the car broke down and the police service picked her up in Fernley and, you know, was bringing her on to Yerington. We were just waiting and all of a sudden a little old rickety car came driving into the old hospital, and they'd get her out. We took down her—she had on overalls, you know— levis anyway. The baby just came in no time. But this funny little old car came in with her and we couldn't imagine how she got there. The police car broke down. The first car that took her broke down and the police car got her and it broke down or had a flat tire or something. I don't remember what it was yet, you know, most unusual. Here, we just got her on the table and here comes the baby [laughing].

This is kind of a funny little incident. It's funny they're so often with pregnant ladies. I just happened to open the door to the waiting room and it was awfully crowded, you know. And so this patient was to come in to see me. I just said to the nurse or someone there, "Well, we'll have to put out two chairs here, another chair."

She [the patient] said, "Oh my! Am I that big?" [Laughing] She thought I was going to give her an extra chair!

I remember too, early in my practice, I had a party up here one night; some patients, you know, friends from Yerington, were coming up. And they had an accident on the way up. This fella had cut his head and then when he got up here I had to sew it all up. He was kind of weak and shaky. And I said, "Now, I guess I'd better get you a shot," meaning something for pain, a shot for pain.

He said, "Oh, yes, I need one." And so [laughs], I got it all ready, was going to give him the shot. "Oh, no, no, no," he said, "not the needle, not the needle!" He thought I meant a shot of whiskey, you know, or something like that. I remember that was a joke around. We used to tease him about it so much.

One night, I had two patients deliver. I used to stay with Helen Isola, my nurse, often after deliveries, and we went home and Louis was there. He said something about—she said, "Louie, we've been late on deliveries.

He said, "Oh, what did you have?"

And Helen said, Saronis had a boy and almost a girl." Louie said, "What do you mean?" he said, "It had to be one or the other." The second patient's name was Almost, and that's just the way she said it, Saroni is a girl. Almost, a boy, or a boy Almost!" [Laughs] And Louie, he was so upset that we had a freak of some kind or another.

We used to go up [to Lake Tahoe] in the summer. The girls were little then; they'd taken music lessons that year, and had to practice a lot. So some other lady came down to the beach and she didn't know us and they said, "Yes, these are the Fulstone twins and their mother is a doctor you know.

And the lady said, "Oh, yes, your mother's a doctor?"

And they said, "Yes."

And she said to them, "And oh, does she practice?"

They said, "Oh, no, she doesn't practice; she knows how." All they could think about was that they had to practice on the piano [laughing]. They'd never heard the term, "does she practice medicine?" That lady got the biggest kick out of that.

One night I was called up on a ranch here, because a couple of Indians were having a fight. It was a ranch where I think the help were paid a good deal in wine or something like that. I was wondering if that was during prohibition? Anyway, these two fellows had had an awful fight and I know they'd gotten all their wine right from this ranch. I wanted to take care of them right there and wanted to go into this house, you know, where they had been working—the people they were working for. I remember they were so reluctant to let me take these two Indians into their kitchen to wash them and clean them up, and I was kind of put out about it. But anyway, they were quite drunk and we called the sheriff. After I got them cleaned up and fixed so that we could send them to Schurz—we phoned to Schurz and the sheriff came and put 'em in the back seat—he said to the two fellows, "Now, you fellows sit right there and don't you fight."

The fellow said, "We no fight; he my best friend." [Laughing] He'd already cut him up. And this one fellow did die eventually, because he was cut so bad and had such hemorrhaging. But I'll always remember that, "Oh, we no fight; he my best friend."

It was kind of funny how the Indians did fight. They always fought amongst themselves, but they never attacked the other people, white people. Now, I wouldn't be the least bit scared to death, you know, some of the bums or hippies, or people like that to pick

up. I never would think of doing it. But with these Indians that looked funny and queer [laughs] or awful drunk, I wouldn't hesitate a minute to pick 'em up. That was one of their characteristics.

I remember we had one old fellow here, poor Stewart Mitchell. They had this superstition that when a person dies in a place you must burn the place. So his sister lived up here at Wellington and, I think, there's been two or three in the family die, practically, of tuberculosis. And he felt that house should be burned. And so one day when he got good and drunk, he burned it [laughs]. And I remember he was put in prison for it. And we all felt so sorry 'cause he didn't do it as a crime or a meanness; he just had that inherent old tradition that it should be burned. And I remember writing the warden at the prison and asking a little leniency for him because he had done this not out of malice, but out of his firm belief that this person had died there, and that they must burn everything in order not to get the disease themselves—which was a pretty good idea for them. They realized that there was this transmission of diseases from one to another.

[I wrote] a number of letters to the prison and different people to see if we could kind of get him out, or get him on parole or something. And we did. He finally came back. He was afterwards killed. He got drunk one night and walked right in front of a car. But that was an old Indian family here. The children, grandchildren are all still here.

Did the ending of the prohibition against liquor to Indians make any difference?

No, they ended the prohibition and then they gave 'em the right to drink. And they still drink a lot. It seems to me it's just as big a problem with them as it is with the white

people. With all of our own nationality, you know, drinking is a problem. I always feel that the Indians really didn't have a chance; they had no competition, everything was done for them in a certain way. They were fed, they were sent to school and this and that. They didn't have the chance to get out and compete with the white people that they should have had. otherwise we'd have had a stronger nation. I think now maybe they're doing it a little bit more, I don't know, but they are having their Tribal Conferences and things like that.

What have you liked best about your medical practice?

Well, I think I've liked the people. You know, I've liked the people in helping them and being their friend and having known them so well, their lives. It's just like you have a story book on each family. I think perhaps I've liked that the best of all, and knowing that I could help them, with a satisfaction.

What do you like least about it?

I don't know, I just don't know. I guess it's—I don't know what I've liked least—the long hours, I guess, and gettin' tired. But that's been just the later years, because in my early practice I didn't go to Yerington. I was only up here. I had my office here, I had fewer hours. It was a good thing because I had my children growing up. They were right here so that I would have my eye on them all the time. I didn't have to go away. I didn't go to Yerington every day until about 1938, you see. So I don't know what I liked least.

Not very many people have practiced as long as you have.

No, no. I see I got a certificate the other day for the "fifty-year practice club," or something. Somebody sent it up from UC. So there's not too many that practice that long. But it's such a fascinating work that I don't see how anybody would want to stop and leave it, although sometimes now, I guess, I get so tired I would like a rest, you know; I don't think I'd like to sit and do nothing all day.

VIEWS ON MODERN MEDICINE

Of course, I'd like to say loads of things I shouldn't about the Medicare and all that. Where we used to have control of our patients and say what they should have and how long they should stay in the hospital, and this and that, it's all taken out of our hands now. They practically tell you what you can give a patient.

I just feel that socialized medicine is about the worst thing we've had. It seems to me now, like in a little community here, no patient ever suffered or didn't get care. Now they get care, but you're told all these different things about whether they—The doctors are the ones that should know whether they should be in the hospital or out of the hospital, not someone from the desk of the Medicare office.

I think it could work out very nicely. Patients do get a certain amount of their bills paid, but it's the regimentation. You can have five patients that have pneumonia. Now none of those five are going to have to stay in the hospital just so many hours, or just take certain medications. They're all going to require a little different treatment. Some may have consultation, some others don't. I don't think you can regiment patients that way. I think the doctors should have the say.

I have a very good letter here from Dr. [John H.] DeTar. You probably know Dr. DeTar. He's the one person I admire for this reason: He really speaks out his mind and

he isn't afraid to say what he thinks. And he usually thinks pretty right, and thinks about what the other doctors are all thinking. We're kind of squirmish about getting out in the public too much, I guess.

There is now a utilization committee which goes over all the hospital charts and makes comments. You're almost forced to have it, because if you don't form your own utilization committee, then Medicare, whoever's in charge, is going to form one and send it out. They don't send out doctors to look over the records and the treatments, you know, of the other doctors. They're usually lay people or sometimes they're nurses, and that seems to me—and you feel like you're going to school. Everybody's looking at your charts and correcting it. You have to write something down about your patient every day. They don't seem to care whether the patient gets well or dies. And after all, you're practicing to make a patient well, aren't you? Do all these things benefit the patient? Why, it just takes so much of our time. We have to take time in our little hospital every week [to] go over these charts. It's just a matter of form—just uses up so much time. I don't see where the patients get any value whatsoever of it. I think anything that is regimented—and you certainly can't treat patients and run a hospital in a little place like Yerington like they do in New York City or Chicago or someplace like that. Conditions are different.

The thing I have against them is they have so much to say about treatments and how long you're going to keep your patients in the hospital. After all, you know that. If you're getting your patients well and getting [them] out of the hospital, that's a sign you're doing all right, isn't it? Of course, our little utilization—I review Dr. [Marvin I.] Beams' charts and he reviews mine. There isn't much reviewing

going on, because he's—I'd say if Dr. Beams wants to keep them another week I'd think they should stay another week. I rely on his judgment, and he'll say exactly the same thing about mine. Instead of going according to the certain rules and regulations, they have little papers put out now that tell what you should do if a patient has acute appendix, what you should do if a patient has stomach troubles or acute gall bladder, what tests they should have and that. Well, that's all right. We know what test they should have. Our problem is to get them well, and get them over their trouble, not do a lot of tests just for the records.

I don't mind the payment part so much, you know, as the telling you what to use, because I know my fees are really low. All the insurance agents have told me that. I charge less than most doctors do. It's not so much that part as telling you what to use. It's just like this RFD, you know. They're taking all—if you have a medicine that has two drugs in it, they're taking all those off the market, you know, which is so silly. They're things that we've used for years, and years, and years. And work well! What are you doing now? [It] just makes you write two prescriptions instead of one. Prescribe each ingredient separately, you see. So many things like that are getting our goats.

Technology has really changed a lot.

Oh, my goodness, I can remember in college, you know, us saying, "Well, if you only had to have three medicines, what medicines would be the best to have?" I remember that we always said digitalis which is a heart medicine that, of course, has been for ages, and morphine which is for pain. I can't think what the other one was. Maybe it was just the two medicines. If you had to get along you'd have morphine for the pain and

digitalis for the heart. Those were the two indispensables.

When I think of the old days, like when I interned at the Children's Hospital during that flu epidemic (the first one in 1918), we had nothing, nothing to work with for those patients. We'd put them to bed—bed rest, you know. We'd give them steam inhalations, mustard plasters, a little bit of aspirin, morphine for the pain, and a little oxygen. We had digitalis at that time, but there was no antibiotics. And you know, it was a wholesale death. Whole families would come in at the Children's Hospital; perhaps they'd all die, you know, having that malignant flu. The Children's Hospital was turned over to the city to use for just flu.

I can remember them bringing in a pitcher of boiling water, you know, having the patient put his head in a paper hat or something. That was the way they got their steam inhalations. Now, we have the steam inhalators and the hot air and everything. Now, with the penicillin and the various antibiotics, why, we practically never lose a flu patient. We all went around with masks [gestures to face] on. Nobody knew what anybody looked like [laughs] 'cause they had big masks.

Then the whooping cough cases, diphtheria cases, there was really nothing for them. The antitoxin—so many people for the diphtheria were allergic, you know, to the toxin, the horse serum. And whooping cough used to be terrible. Soon after that the vaccination came. Now, we have the DPT, diphtheria-tetanus-and-pertussis vaccine. You never see those cases. And polio, what a relief that was. We used to have in our little town down here about eight to ten polio cases a year. And now we have none. When you think of what they've done it's wonderful.

Hepatitis—they give the gamma globulin to those exposed.

In these two little valleys we used to have tuberculosis just by the dozens, practically all the Indian families had one or two members with tuberculosis. Now, we practically see none. Just occasionally, because they're discovered soon and then they do have the treatment for it. The treatment used to be just putting them to bed for eight or nine months. We used to say all those stubborn people that got into bed and covered up and stayed there got well.

It seems marvelous how all those things were discovered, just accidentally. You know penicillin, they just—I think they were culturing typhoid or some of the other germs and they noticed the mold around the cultures. And the fellow tucked that away in his mind. Then he didn't work on it for two years after he first noticed it, how the little colonies of germs didn't grow where the mold was.

Then they found the sulfa drugs. That was kind of interesting. They noticed in the dyeing factories, you know, where they use dyes and things, that these sulfa drugs would sort of get into the material better, into the little cells and the nuclei and all. Then someone just was smart enough and thought, "Well, supposin' they get into the blood and those places." You see, wool is really made from a fiber of live animals or of animals that had been living. They saw that the dyes that had the sulfa in them sort of got impregnated in the little cells of the material. Somebody [was] just smart enough. They thought, "Well, now if we can get this stuff into the blood and the cells of people, maybe we can stop the diseases." They did!

And then the heart, you know, the coronaries, where they use the anticoagulants.

That was kind of interesting how they discovered that. It was on a farm in Wisconsin, or one of those places there, and they were dehorning cattle. They found out when they dehorned the cattle they all bled, and they couldn't stop the bleeding. They lost lots of them. They began looking at it and these cattle had been on a pasture where they had this clover that was sort of old and spoiled. [They] had been eating on it. So they began to examine that, if there was something in the clover. That's the way they found this cumadin and danolin, these medications that keep the blood from clotting. And that's been wonderful.

And then since I graduated, of course, the insulin was discovered and the B-12 for pernicious anemia. And all the medicines for epilepsy and things like that. Really wonderful things that they did. And those few things are out touching the bottom of the discoveries, you know. There've been so many since that it's made it fascinating to study medicine and try and work out what you should do for patients. And now, of course, there's heart surgery, and the intensive care units. Things are wonderful. So it's been fun to live all these years and see the changes in medicine, the things that are done, And then, of course, people are always sayin, "Well, they haven't got cancer yet," and haven't got this, But they will. They're working on it.

COMMUNITY SERVICE

LYON HEALTH CENTER

It was about in September of 1952, we might say, that the Lyon County Hospital had eleven patients and was a very poor inadequate building, in which there were ambulatory elderly men housed almost like a “poor farm” of the old days. The facilities were unbelievable. At that time there was no linen for the nursery and if the baby happened to be born there the parents had to bring the linen and take care of it all—do all the washing and everything. And they brought their linens and their layettes, and laundered them. There was a little operating room—mostly emergency and it had no gas machine, and instruments were very *sparse* and poor.

The care was very good, but the conditions were bad. At that time the people didn’t feel that they really needed a hospital. They did not know; they hadn’t even been used to a hospital. They’d been accustomed to going to Reno always for all their hospital work, so they weren’t too interested at first. Although, a little earlier, before that time, there’d been a

very nice hospital in Mason that Dr. Edwards had. That’s the father of our Dr. Edwards, who’s in the Health Department now. That was when the Mason Valley mines were all going. He discontinued it shortly after I came here, I remember.

Then with the Anaconda mine coming in—you see, it started in about 1950 or ’52—the need became more pressing that we have a hospital. The people that worked at Anaconda and all the executives and employees were used to having a hospital being built, and people began to get more interested about it.

And then there was one thing that helped an awful lot. Mr. [Archie] Millar, who was the manager of the Anaconda company, sort of urged us to go ahead. And he said Anaconda would not build a hospital but they would use our facilities. It would be better both ways; it would be a great help for us. And that really was quite a help. The people thought Anaconda would use our hospital and then it wouldn’t be such a big expense for them.

Then in the summer of 1952 there was a grand jury investigation of the hospital and

the facilities that they had in Yerington' for hospital services. The report came out that it was in a very deplorable condition. There was no lab and no x-ray and there was only one licensed practical nurse. There were no audits of the books, no medical records and only a book with a few patients' names in it. So that showed you the condition.

But, in spite of all these bad conditions, really we kind of had outstanding care. We would ask for active consultation with outstanding physicians in other places and they often came out, and saw our patients and helped us out.

The hospital at that time, those early days, was run by the county commissioners who weren't particularly interested in the advancements of the hospital or the running of it. Then after the grand jury investigation, which found things very bad, they decided that they would appoint a Board of Trustees to run the hospital and take it out of the hands of the county commissioners. And so that was accomplished, and we got a very good board.

The changes that were recommended by the grand jury was that the person in charge of the hospital, at that time, the doctor in charge, would be removed and someone else appointed over the hospital. It was kind of funny; he was a county physician and ran the hospital, but no other doctors at first could go to that hospital with their private patients. He would take his own and treat them, but no other doctors were allowed in the hospital at all. Finally, one of the prominent people in Yerington was going to have a baby and she just decided she wanted to have it at that hospital there, instead of one of the nursing homes where we'd been usually delivering the babies. And her husband was quite influential. He was on the board ([A. E.] "Burr" McKenzie it was), so he went to the commissioners and said that all this would have to be changed.

His wife was going to have a baby and she wanted to stay in Yerington and have it and she wanted me to deliver her. She wanted it at the hospital, and that really set things going. So then they decided that all the doctors in the town should have the right to take their patients to the hospital.

And then we felt there should be a hospital administrator with this new set up and we asked that one be appointed. For a little while they put me in charge of it, but I didn't want to be the administrator or in charge of it. So we asked Dr. Maclean if he could find someone, and he contacted Mrs. [Claral] Barnett and gave her wonderful recommendations. And she has been a wonderful administrator, I must say. She knows every facet of the hospital and the administration and the things that should be and shouldn't be. She is a person that will not equivocate on things; she makes up her mind and that's it. Usually her way is the best way. Sometimes you get people that are difficult to work with, but she seems to manage, gets the thing done the way she wants it. It's been a joy for all of us ever since,

In fact, when Mrs. Barnett came, why, she had some connections with the Washoe Medical so they let her pick out the best of their discarded instruments [laughs] and bring them over here for our hospital and they worked all right. We even did a cesarean with them.

And then we looked around, to think we were going to build a new hospital. We talked about it for a long time. It was something that we wanted very badly, but the people themselves weren't interested enough in it to vote a bond issue for it. And it took quite a little while to get them interested. I really feel that the Anaconda coming in was the thing that made them go ahead with it. Perhaps in those days, you know, farmers were kind of poor and they were afraid of bond issues and

things. They thought it might be too big a debt. But then, when they felt the Anaconda would come in and help by sending their patients there, it changed their minds a little bit and they went ahead.

We finally got the bond passed, and I think there was a hundred and fifty thousand dollars that were available for a facility. To get the extra funds we secured them from the Hill-Burton grant. Then, Mrs. Barnett was put in charge with a free hand in planning and consulting in the establishment of the building and the design. Very good architects from San Francisco were hired, but she made all the suggestions and went over all the plans with them and saved us the expense of a consultant. The hospital is really very well planned and organized, and the architects were very glad to take all of her suggestions. And she did all the selecting and all the buying for the hospital.

Then on March the twenty-fourth, 1954, the hospital was completed and we moved in. We had eight old men and one acute case on the day that we moved. And [laughs] then at six o'clock the next morning we had nine new patients come in. We had an operation; Dr. Maclean was out, and I think he did four operations that day in the new hospital for us— three majors and four minors. And that was our first day of surgery, on the second day that it was open. And new rules and regulations and the whole charter was set up, you know, whereby we took charts and kept the charts and kept the records of everything. It was all done very properly.

You had such good support from the newspapers, local and around the state. I was wondering if you had worked with Mr. Cox.

I was working with Bob Sanford always—and Walter [Cox], too, but Walter's been out

of it for quite a while. Our old *Mason Valley News* has supported us on all our projects, and I think in that way has helped a great deal. I think the newspapers in Hawthorne, too, have been very kind to us.

Bob Sanford has been, I think, very, very good to us. He served on our board when we selected the girls for the LPN's, so he understood a lot of what we were trying to do. Walter started it and of course Bob continues it.

I think we've always had praise from them and never derogatory criticism of any kind. They've always kind of understood what's going on or what happened.

We went into the plans of the hospital—you know, they are very good. For instance, we have a central supply that is really a central supply. It borders on the obstetrical room, it borders on the delivery and obstetrical room, and then it borders on the surgery. And then the nursery is just also adjacent to it. So it's very well planned. It's a hospital that's very compact and very well planned. And as I say, the Board of Trustees have always been very understanding and willing to listen to our side of the—when I say our side, the nursing staff and the medical staff's requests.

It's been especially nice, because we've had this help from what we call our "courtesy staff." We started the system in asking the surgeons, the medical people and the orthopedic people, specialists in Reno, to come out for certain days and do surgery. And many came out and operated. We have operations every day and neither Dr. Beams or I are surgeons. Dr. Beams does some surgery, you know, but the deep and formal surgery he doesn't do. So we have them come out. Dr. [Kenneth] Maclean was one of our biggest boosters and biggest helpers because he was about the first one that would come out and do surgery for us and show us how things should be done.

Then Dr. [Donald] Guisto came for years. Finally, I think their practice became so large there that they couldn't hardly spare the days that they came out. Dr. [J. Malcolm] Edmiston has been coming for a number of years, still comes, and Dr. [Edwin W.] Prentice comes. We have Dr. [James R.] Herz, occasionally, who flies out and does orthopedic surgery for us. Dr. [Emanuel] Berger has come out for pediatrics, and Dr. [Adolf] Rosenauer and Dr. [Ernest] Mack for the neurological department when we needed help, were always very accommodating. Then Dr. [John W.] Brophy has been our big supporter for many years. He comes down and does the nose and throat work. He comes once or twice every month. And is always available for consultations. We had a roentgenologist, Dr. [Harry B.] Gilbert, from Reno who has come once every week and does the fluoroscopy work and reads every picture. Every x-ray that's taken in the hospital is read by Dr. Gilbert or his assistant.

Oh, and Dr. [Joseph Park] Tuttle, I should mention him. He was a great help to us in our early days. He has retired now. He was a CU man. And in obstetrics if we had to have a cesarean, why, usually one of the obstetricians will come out and do a cesarean for you. Dr. [Frank V.] Rueckl comes out now. And Dr. [Henry] Stewart has come out in the past. Doctors [Peter] Rowe, [Joseph S.] Phalen, and [David S.] Thompson come out on consultation in internal medicine.

One of the best things about this hospital is that we have this "courtesy staff" that's standing by to help us on all of our problems. They have been a great big support for us. They come out once a year to a staff meeting which is in our staff rules. In order to get them out and to be sure that they'll come to the meetings—a bunch of doctors aren't going to give up a whole night and just come out and

have dinner and a meeting—I instituted the pheasant hunting day.

The day that the pheasant hunting is open, all these doctors are invited out to our ranch to hunt pheasants. Then we have dinner for them, and our meeting. They bring their wives and all their children. Some of them have come each year when the children were little and now they're all grown up, like Dr. [William M.] Tappan's Sons, for instance. That has worked out very well so that we usually have a very good "courtesy staff" meeting every year. For years when we haven't had pheasants, why, we bought the pheasants and put them on the ranch so that they all get a pheasant. It's been a little trick, I guess, to get them out here; but you can see yourself it would be hard, because it would take pretty near a day, you know, to drive out and have the meeting and drive back. And [it] would have to be a Sunday. All the doctors like it, I think. That's their favorite thing about the hospital [laughs].

We had an addition to the hospital, an extra wing built on after, I don't know just what year that was. And very nicely they call it the "Doctor Mary Wing." I felt very complimented. It was a complete surprise [laughs]. That really consists of the beds that we used for the nursing home and the extended care patients and their little social room, solarium. Those rooms are very nice, comfortable and spacious. Then now we're doing another project whereby we extend our office space which we need a good deal more office work just like anybody else does now. And storage space, which is going to make it much better. But we still need more room because we're too crowded.

And we have had accreditation for our hospital, a national accreditation ever since we asked for it. And we are awaiting a new accreditation now, following the installation

of the sprinkler system, which was a thing that we didn't have. Although that wasn't so necessary, because our hospital is all on one floor. There's adequate entrances and exits to every place in the hospital, but the accreditation board asked us to put that in, so we did. The Board of Trustees of the hospital have been very interested and people of ability who really see the need and care for the needs of the hospital.

We have an adequate laboratory with all the technicians having been graduated from accredited schools, and have adequate experience before they come in there. The advantage of being here is that your family is here and you don't have to travel back and forth to Reno or San Francisco. Your doctors are here, that is the ones that see you all the time. And they're able to follow you and if you do have some emergency then they take care of it very well, with assistance from specialists.

They have a good ambulance service in the fire department in Yerington and another good ambulance service here. And those boys are being trained thoroughly in first aid and then in cardiac resuscitation care, so that really they do wonderful work. We had a man come in that was in cardiac arrest from an electrical shock. And those firemen had just got him right away and worked on him and really saved his life because they had had the training and were able to do it at once. They were on the scene within five minutes. This particular man was lucky because one of the men that had taken this work was right there beside him when it happened. And he, even though the arrest was very, very serious, he made it through.

Then we've had the nursing school here. We've had an LPN nursing school and I think we've had ten classes now. And all of our students have done very well. Many have stayed on at the hospital working, and we've

averaged about seven a year in the class. And we've been lucky to have an excellent teacher, Mrs. Stein. And the girls get very good experience. They see every kind of patient because that's what we have there. And they're getting in now to see the surgeries. And we have quite a few major surgeries. At least every week there's a day of surgery, or two days.

We started out with just a few good nurses and many that have been there throughout the years. Take Betty Bryan, she's been there practically from the start. We had Alma Rice and we had so many good nurses there, too. Mrs. Freeman, who's at St. Mary's now, for years was with us there, to help us get started. She's in charge, I think of the obstetrics at St. Mary's now.

And we have a good kitchen. We have had good cooks and dieticians. Mrs. Green, from Weed Heights, was our dietician for years.

And we have a system whereby each doctor takes his turn on being on call for emergency. There's just Dr. Beams and myself now and I take one weekend and [he takes] the other. And he takes over on my day off and I take over on his day off. We're very congenial; we change off and, you know, take calls from one another, on any other days that something happens. But we do need more doctors, we're really too rushed. It's just getting—you see too many patients a day. You may need a little extra help in that line.

We start at eight o'clock in the morning, and the first patient comes here to Smith. I work until eleven or eleven-thirty and then go down and see the hospital patients, and then go to the office. The office is doing around an average of thirty patients every afternoon, and that keeps you, according to what the patients have—you're never out of the office before six. Lots of times it's much later than that.

Now, like I had four nice parties in Reno that doctors over there had had, you know. I

didn't get to go to one of them, because some little emergency would come up. A couple of times I think I was delivering babies. One time at Dr. [J. Malcolm] Edmiston's I was having a baby and it happened to have the Rh factor and it was really a complication. And then Dr. Cantlon or Dr. Edwin Cantlon and Mrs. Vernon [Cantlon]—they had a party. I didn't get to go to it because I had an accident case right at the last minute. I sent for Dr. [James R] Herz and I'll bet he was late.

Things like that happened in my—then a lot of old-timers have had sort of little get-togethers, you know, and I always miss those. I missed the wedding of my closest friends. That's the kind of a life you lead. And then on Thursday it's just a joke around the hospital. My day off and I'm always there. We have emergencies or something that will come in and we feel that if the emergency is especially one of your patients, and want you, even if it's your day off, you'll go. Dr. Beams and I both feel that way, even though we would relieve each other.

Oh, our hospital—we have a hospital Christmas party every year. That's very nice. We have a dinner and it's really given by the hospital employees and the doctors, and all the nurses, the administrator and the trustees, all go. And it's a really very nice get-together, gathering, where you talk to the different members of the board and the different girls working there, people working there. And where you get lots of ideas and you get the feel of how things are going and how happy or unhappy the employees are. That's very nice—and it's not too big or wieldy a group.

And for the LPN's, we have the capping ceremony which is always a nice little social event with the hospital employees.

Recently we're getting the physiotherapist there oftener. We'd had a physiotherapist, but he doesn't come often enough to do us the

good that we need. And we're now getting one of our own. And we're also getting an inhalation therapist, too, so that by degrees we get what we need. And we have the system now where, for instance, if I wanted you to have an EKG, I'd send you down and say, "EKG-stat;" they'd take the EKG and it would go in on this little recording machine and land in Washoe in five or ten minutes. Then there are certain doctors, the specialists in heart specialty that read them. They would— which ever one was there, would read it. And we'd get the report back within an hour. What more could you ask?

And then the basic chemistry, some of the things we don't do in our lab, we send the test in and they do it. You see, the test can go in on the stage or something like that. They do it in the Western Clinical Labs right there. And they have the machine and it's sent right back to us, so practically by the next day or later in the day we can get those tests, too. We're trying to get the x-ray people to put in a machine like that.

And we've really felt that we give the highest service at the lowest cost, because our costs of entering the hospital is lower than any other hospital. We've been off the tax roll since 1964 so we've really paid our own way. We're the lowest operating costs in the state of Nevada. And the ones on the board—Norman Brown, Jerry buck, Burr McKenzie, Claude Rife and Louis Isola (the original ones on the board) were all very good active board members that have really given a great deal of time and effort towards promoting a hospital. And that's one of the reasons that we have such good service, 'cause we can go to them and talk things over. They're businessmen and they have common sense and a desire to see the county provide good care for the sick. So that was it.

Well, we've had to build up all our little things here right within here. But we have had

lots of help from the health department. They would send out—before we had a resident county nurse here, you know, the nurses used to come out and help us with our baby clinics, the vaccinations and all the immunizations. We always had a day or two, before school, where we immunized all the children. So that we've been able, in that way, to keep up with our immunizations.

What do you do to try and attract more doctors into this community?

Well, we sort of ask around and have everyone looking out for us. And the ones that have come in with me, I have taken them into my office right away and say, now we'll go half and half. You know, we'll share the income and I will provide the office and the light and the water and all those things. Except for Dr. Parks, who was unhappy, the other doctors liked it, and would have liked to stay, but there were other things in their lives. Like Dr. Thomas who came up. The happiest years of his practice were in Yerington, but his wife wouldn't come to Yerington to live. Wouldn't have anything to do with it; she rarely came out. They had two young children and he felt that his first duty was to his children. So that was why he left. I wish that I had some of his nice letters, which I might be able to find to put in this, because he did appreciate everything in Yerington, and how we worked and what happened. He was a very well-trained man; he was a Harvard graduate and he'd been for seventeen years with Dr. Richards in Oakland, who was one of their best surgeons there. So he could do all of our surgery and was always willing and ready to help.

Others have come, you know, mostly the others were young graduates that came in. We had another nice doctor. His name was

Hardin, I think. It was a number of years ago. He liked it there also, but his wife wanted to go back to their hometown. We've made very lucrative offers and they certainly had plenty of practice, plenty of patients, but I think the thing was for many years that general practitioners were not so numerous. The doctors were going in for the specialized surgery, which of course doesn't require the time that a general practitioner has to put in. They have more freedom.

Now, we're still trying to get some other doctors to come here, but ours is not a situation where medical assistants or the paramedicals would be of too much service. The main doctor has to give the orders and make the diagnosis and prescribe the treatment. And it's such a widely scattered community that it would be difficult. I think neither Dr. Beams or I favor someone like that. We'd rather have a regular doctor with a degree and some experience come in.

INVOLVEMENT IN EDUCATION

When I first came up here I became embroiled in a great dissension, the consolidation of the schools. There were four little schools in this one little valley, and we wanted to consolidate it. And although I knew very little about education and schools at that time, although my mother was a schoolteacher and my sister and all, I felt that the consolidation of the school would be better. It has worked out better. But that was an insight into people's thoughts and feelings and went right along with your medical work. You learned a great deal about people from anything like that.

For one whole year we spent a great deal of time going to meetings and contacting people, trying to get them to vote for the consolidation of the schools. And select a site,

which we finally did. Then we had to build a school; that was our next problem. We had to build a high school.

I remember people would say to me, "Well, what do you know about building a school? You're so young; you haven't had any experience." I remember that one remark that someone made to me.

And I said, "Well, I didn't know, but I certainly could learn." [Laughing]

And we were very—I think our schools here have been very good since they were consolidated. We've always had a good reputation. Then we have had excellent teachers. That was one of the things of our old school board—we used to just look over the teachers so carefully. We always tried to keep a good course of study going and took an interest in the school. I'm very proud of our schools here and I always feel, well, I helped build them a little bit, you know. And then we had a school burn down and we had to build another one. So I've had quite a little experience since the first days in building schools.

I'm a little conservative, I think, on the school things. I feel that for a while there they got so they were neglecting the basic principles of schools. And you heard so much about, "Why can't Johnny read?" and all that. I think they were laying out, but I think that's being overcome a little. I know my own idea is we should do the basic training up to a certain point and perhaps I'm not so much for these extracurricular things as most people are.

I think that one of the latest advancements is career training and getting away from that feeling that every child must go to college. That was prevalent for so long. Now I think that they have to try and find out what's necessary for some children and that they are able to do some sort of work when they get

out of school, not just look around for a job here and there, ditchdigging or something else, you know.

I think that evaluating the teachers is a very good thing, but I don't know about the methods [laughs]. I've always felt that if you want to know a good teacher you can sure find out soon from the children themselves. I think sometimes maybe this evaluation study, they're not so good if they're too scientific.

What made you run for the state board?

Oh, I was appointed to the state board.

But you have run since.

Oh, yes since. Well, I have enjoyed it, I've enjoyed it immensely, you know, sitting and being a listener most of the time. I took active part for a good many years, but the latest boards are people who are very active, very interested and just taking over things and doing things. So I feel now I'm a listener [laughs], because I'll not run again. But I have enjoyed it. I think all through the years it's been very intriguing. As I say, I think I'm more conservative than most board members are.

I'm very much against busing. It seems such a useless procedure. I don't know but what children do better when they go to school in their own neighborhoods, amongst their own class of people. I think they're happier and I often wonder if integration is goin' to be brought about that way, by forcing it or lawing it into the land. But I certainly think busing from one end of town to the other just to get a group of blacks and whites or some of the minority groups all mixed up isn't the thing to do. I think they should have adequate and good schools for themselves just as—I think every school should be as good as every other school. That every child should

have equal opportunity for education. But just to force them to go here and there where they don't feel like they want to go, because the minority groups don't want to be bused any more than the other children.

The students themselves seem to be getting interested in the state board's activities.

Well, the students are really much more advanced than they were in ray day of going to school and doing things. We have to find out whether that's advantageous or not, because it seems if you're a little more adult when you make up your mind and take over things it's perhaps better, perhaps you make it up better. But it is—we have on the board a student, and last year he was an awfully nice little fella, had good ideas and good things. But I don't know whether it's just the thing to do.

How do you like the state superintendents of public instruction, in working with them as a member of the state board?

Oh, very much. I think we have an excellent man right now. I think he really is excellent. He knows everything about education and how to do things. The one we had before I liked very much, Mr. Burnell Larsen. I thought he was a good practical man. And the one before that—I liked all the superintendents that we've had. I think they all tried their very best. They didn't have extreme ideas; I think they were all more or less conservative. Oh, I've enjoyed it and as I say, I get a big kick out of the different people and their reactions to [laughs] -things, perhaps more than I do much good on the board.

Lots of things I thought were terrible. When they took phonics out, you know there was three or four generations of children that

just didn't ever learn to read. And I think we have to be careful about going into fads. I've always felt that; let them try their pilot projects someplace else.

I think the testing of children has been very good. One of the things that we've done is to test the third and the fifth grade in arithmetic and reading of all the different schools and see how they match up together. 'Cause it seems to me that everybody should learn to read. There's no reason why they shouldn't.

I can look back on my experiences, limited in a little school like Carson, but it seems to me that everyone in our class read, and read well, and understood what they read. They all learned to do the arithmetic that they had to do. When I went to school in Carson it seemed we had very, very strict supervision. We did as we were told to do, and it didn't do us any harm. I don't think we—they talk about your being repressed because you couldn't have this and you couldn't have that and you couldn't do something else. Well, none of us in Carson were very well off; we were all kind of poor people, you know, and just moderate circumstances. And we had all sorts of repressions where we couldn't do this and we couldn't do that, we couldn't do the other thing. When I look around at the people that grew up at that time, they all seem perfectly normal and happy, and they've really gone out and done things. We certainly were supervised and it didn't hurt us. We didn't have a free voice in what we could do. On a Saturday night, if we went to a dance we were home at twelve o'clock; we couldn't dance on Sunday. We were ruled by the church in that. I can remember our pastor and his wife givin' us the dickins for anything we did out of line.

We were always kind of a close-knit family and of course the children were at home, you know, most of the time. Maybe they got to a movie once a year or something like that. That was a great event in their lives. I think they grew up very happily here, although we were always poor. I always think about Freddie [Fred M. Fulstone, Jr.] when he graduated from high school [laughs]. He got a new suit of clothes and he thought it was just going to break the family to get him a new suit of clothes. So then I was going to get him a new pair of shoes and he said, Oh, no, Mother. You can't afford another pair of shoes." But that suit of clothes [laughs]—David [David Hill Fulstone] was married in it, Johnnie Mesmith was married in it [laughs]. Freddie was married in it a little later, so I don't know how many it served. They all graduated in it. So that's the kind of a life we had, but still we were very happy. And we almost felt we were affluent, you know, Of course, the Depression came in those years.

Richard [Richard Nelson Fulstone], of course, has the packing plant. He went to

the University. And Freddie went to the University. He went to the University of California first. Oh, [sighs]' and he just couldn't take it. That was one time it was just too big, you know, for him. Then he went to Nevada and after two years he said, "You know Mother, I'm just about like a high school graduate right now, beginning to grasp things." David didn't go to college. He went for a semester but he just couldn't make it. I don't know why, but he just couldn't. And yet, he's a good businessman now, and he's done very well, The twins, Eleanor and Jeanne [Fulstone], went to college and they did well in college. They both taught school for a while, and I think did very well. Jeanne is going now—she's trying to get her master's degree now after all these years. She goes to the state college in Sacramento. That's where she lives, so she's taking a lot of work there which she's enjoying very, very much—she has made Phi Beta Kappa. The children have all grown up and have been very satisfactory.

We have a happy life here. We used to sing and play the piano, you know, at night. We

had everything together. Fred used to be his own camp tender, and on camp tender's day the whole bunch of us would get in the car and go tend sheep camp, you know. Fun and things were all here on the ranch. The children never really got out much until they got older. They go enough now though to make up for it, I think. They're having good lives, you know.

I don't suppose I'd ever been able to do like I did if I had a different type of husband. He has really accomplished a great deal in his life. And he's been busy and interested and doing things all the time, you know. He's eighty-five years old now and he goes out and separates cattle and vaccinates and feeds and everything else. When anyone isn't here, he does it. He was so interested in his life and I was interested in my type of life that we didn't interfere with each other much. So it's been really wonderful—. I just sometimes think how lucky I am that I had such a good husband that didn't, you know, interfere in any way, and was always interested. He was always interested in everything that I did, and I was interested in what he did. We really were an ideal couple to do what we wanted to do. You know, you don't always get that.

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